

**Manhattanville in West Harlem Implementation Plan Report
October 15, 2018 Submission**

Declaration Reference and Key Data

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

Obligation Title: **Summer Camp**

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:

Summer Camp. Commencing in May 2009, CU shall offer 25 Little Lions 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

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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:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Status:

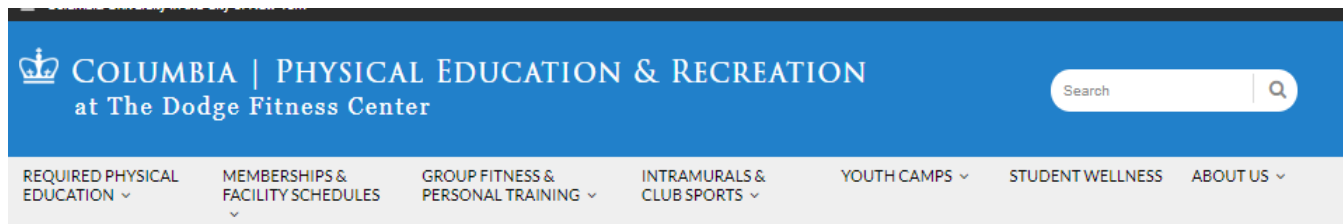
Please check to indicate the status of Obligation 5.07(c)(xviii):

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

Summer Camp

Link to Little Lions Camp website:

<http://percec.columbia.edu/littlelionscamp>



Little Lions Camp

About Us	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. Campers will have access to Columbia's top-notch Division 1 Athletic facilities.

Little Lions Camp is a kid-centered, fun-based day camp that's main focus is keeping kids physically and creatively active. Programming features an ever changing combination of classic PE games, backyard favorites, sports, arts and crafts, and special surprises to keep kids happy, active, and engaged. A highly-trained, eclectic staff, that utilizes physical education teachers, athletes, camp veterans, creative types and child care specialists, ensures that games are always changing and that counselors can tailor programming to fit children's needs and likes.

What is kid-centered programming? Kid-centered programming means our camp staff plans daily programming with the kids likes and dislikes in mind, but daily schedules might change based on camper preference. Wednesday at 2 o'clock might mean a trip to the track, but if the campers vote to play capture the flag for the third day in the row, our counselors are trained to be flexible and receptive. Little Lions Camp is about promoting a safe, welcoming environment that allows kids to participate in the activities that engage them the most.

What is fun-based? Our camp isn't about shooting the perfect basket or running the fastest in a relay, it's about being active and trying new things while having fun doing both. Staff will recognize children's skills and achievements, but our goal is to promote fun and positive relationships.

Little Lions Camp Goals:

1. Continuous engagement in physical and creative activity
2. Formation of new friendships and teamwork skills
3. Having fun!



Annual Report: Little Lions Camp

State Submission Annual Reporting Period: **October 2017 - September 2018**

Little Lions Camp Period: **6/11/2018 - 8/17/2018**

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.

2018 Little Lions Camp Dates		
Dates	Location	Scholarship(s) Awarded
Session 1: June 11 - 15	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	2
Session 2: June 18 - 22	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	2
Session 3: June 25 - 29	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	3
Session 4: July 2,3,5,6	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	0
Session 5: July 9 - 13	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	8
Session 6: July 16 - 20	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	5
Session 7: July 23 - 27	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 8: July 30 - August 3	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 9: August 6 - 10	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 10: August 13 - 17	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	4
TOTAL		25

2018 Little Lions Camp Dates								
	Name	Zip Code	Age	Sex	Grade	Weeks Registered	Scholarship(s) Awarded	
1.		10031	11	F	6	June 25 - 29; August 13 - 17	2**	
2.		10027	11	M	6	June 11 - 15; June 18 - 22	2**	
3.		10027	11	F	6	July 9 - 13; July 16 - 20	2**	
4.		10027	10	F	5	July 16 - 20; July 23 - 27	2**	
5.		10027	10	F	6	June 25 - 29	1*	
6.		10031	6	M	1	July 9 - 13; July 16 - 20	2**	
7.		10031	11	F	6	July 9 - 13	1*	
8.		10031	10	M	5	July 9 - 13	1*	
9.		10027	9	F	4	July 9 - 13; July 16 - 20	2**	
10.		10026	8	M	3	June 18 - 22; August 13 - 17	2**	
11.		10027	6	F	1	July 9 - 13; July 16 - 20	2**	
12.		10027	6	M	1	June 25 - 29	1*	
13.		10031	10	F	5	July 9 - 13	1*	
14.		10031	7	F	2	July 9 - 13	1*	
15.		10031	8	F	2	June 11 - 15	1*	
16.		10031	10	F	5	August 13 - 17	1*	
17.		10031	6	M	K	August 13 - 17	1*	
TOTAL							25	

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 2018 Application
- Little Lions Camp 2018 Medical Form
- Little Lions Camp 2018 Asthma Form
- Little Lions Camp 2018 Departure/Release Form
- Little LionsCamp 2018 Swim Waiver
- Little Lions Camp 2018 Camper Code of Conduct
- Little Lions Camp 2018 Media Release Form



Columbia University Little Lions Camp – Summer 2018 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

FOR WHDC USE ONLY:

Little Lions Camp at Dodge Physical Fitness Center

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Session 1:
June 11-15 | <input type="checkbox"/> Session 2:
June 18-22 | <input type="checkbox"/> Session 3:
June 25-29 | <input type="checkbox"/> Session 4:
July 2,3,5,6 |
| <input type="checkbox"/> Session 5:
July 9-13 | <input type="checkbox"/> Session 6:
July 16-20 | <input type="checkbox"/> Session 7:
July 23-27 | <input type="checkbox"/> Session 10:
August 13-17 |

Little Lions Camp at Baker Athletics Complex

- | | |
|---|---|
| <input type="checkbox"/> Session 8:
July 30- August 3 | <input type="checkbox"/> Session 9:
August 6-10 |
|---|---|

Please note: Transportation is available during Sessions 8 and 9 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.
- 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 4, 2018.

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

2018 LITTLE LIONS CAMP

NEW After Camp Swim Lessons



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 8 and 9, 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 Skylis 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

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. 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.

TUITION:

Before May 1st	On or After May 1st
1 week: \$455	\$480
2+ weeks: \$425	\$450

Session 4: July 2nd, 3rd, 5th, 6th	
1 week: \$365	\$380
2+ weeks: \$335	\$350

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/littlelionscamp
- 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 \$125 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 8 & 9 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 12-16 CAMP AT

PEREC.COLUMBIA.EDU/LITTLELIONSCAMP

CAMP AT DODGE PHYSICAL FITNESS CENTER

DATES:

- ☐ June 11-15
- ☐ June 18-22
- ☐ June 25-29
- ☐ July 2, 3, 5, 6
- ☐ July 9-13
- ☐ July 16-20
- ☐ July 23-27
- ☐ August 13-17

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 30-August 3
- ☐ August 6-10

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



2018 LITTLE LIONS CAMP REGISTRATION FORM

NEW After Camp Swim Lessons

REGISTER ONLINE AT

perec.columbia.edu/littlelionscamp

GENDER: M / F

GRADE:

BIRTH DATE:

CAMPER'S SCHOOL:

CITY:

STATE:

Zip:

CELL PHONE:

EMAIL:

LITTLE LIONS CAMP AT DODGE PHYSICAL FITNESS CENTER

☐ June 11-15.

☐ June 18-22

☐ June 25-29

☐ July 2,3,5,6

☐ July 9-13

☐ July 16-20

☐ July 23-27

☐ August 13-17

Week of Post-Care- \$125

Daily Post-Care \$30/day

After Camp Swim Lessons \$40/day

Select days:

☐ Mon, ☐ Tue, ☐ Wed, ☐ Thu, ☐ Fri

LITTLE LIONS CAMP AT BAKER ATHLETIC COMPLEX

☐ July 30-Aug 3

☐ Aug 6-10

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

Credit Card #:

(Made payable to Columbia University)

CREDIT CARD #:

You agree and acknowledge that neither Columbia Little Lions Camp The Trustees of Columbia University in the City of New York (the "University"), nor any of its agents or employees, shall have responsibility for any loss, injury, or damage incurred or suffered by me or my child in connection with my child's participation in the Columbia Little Lions, summer 2017 or including, but not limited to, any personal injury, death, or property damage, and hereby expressly waive all rights, claims, causes of action, and the like of any nature whatsoever which I or my heirs or legal representatives may have against the University or any of its agents or employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and the event's employees, from all claims resulting from any injuries, damage, illness, or death in connection with my child's participation in the Columbia Little Lions Camp. By signing this form, I agree and promise to indemnify, defend, and hold harmless the University and Columbia Little Lions Camp, as a result of any injuries, damage, illness, or death in connection with the Participant's attendance on the Columbia Little Lions Camp, Summer 2018. 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: _____

CHILD & ADOLESCENT HEALTH EXAMINATION FORM										
NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION					Please Print Clearly		NYC ID (OSIS)			
TO BE COMPLETED BY THE 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 ____-____	Phone Numbers Home _____ Cell _____ Work _____	
Health insurance <input type="checkbox"/> Yes (including Medicaid)? <input type="checkbox"/> No		Parent/Guardian Last Name First Name			Email					
Foster Parent										
TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER										
Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____			Does the child/adolescent have a past or present medical history of the following?							
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) _____			Asthma (check severity and attach MAF): If persistent, check all current medication(s): Asthma Control Status				Intermittent <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Well-controlled <input type="checkbox"/>			
			Mild Persistent <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Poorly Controlled or Not Controlled <input type="checkbox"/>				Moderate Persistent <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> Severe Persistent <input type="checkbox"/> None <input type="checkbox"/>			
			Anaphylaxis <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/>				Seizure disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Hospitalization <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify) _____			
			Explain all checked items above.				Addendum attached. <input type="checkbox"/>			
Attach MAF in in-school medications needed			Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ _____							
PHYSICAL EXAM Date of Exam: ____/____/____			General Appearance:							
Height _____ cm (____ %ile)			NI Abnl <input type="checkbox"/> Physical Exam WNL		NI Abnl <input type="checkbox"/>		NI Abnl <input type="checkbox"/>		NI Abnl <input type="checkbox"/>	
Weight _____ kg (____ %ile)			<input type="checkbox"/> Psychosocial Development <input type="checkbox"/> HEENT		<input type="checkbox"/> Lymph nodes <input type="checkbox"/> Abdomen		<input type="checkbox"/> Skin			
BMI _____ kg/m² (____ %ile)			<input type="checkbox"/> Language <input type="checkbox"/> Dental		<input type="checkbox"/> Lungs <input type="checkbox"/> Genitourinary		<input type="checkbox"/> Neurological			
Head Circumference (age ≤2 yrs) _____ cm (____ %ile)			<input type="checkbox"/> Behavioral <input type="checkbox"/> Neck		<input type="checkbox"/> Cardiovascular <input type="checkbox"/> Extremities		<input type="checkbox"/> Back/spine			
Blood Pressure (age ≥3 yrs) _____ / _____			Describe abnormalities:							
DEVELOPMENTAL (age 0-6 yrs)			Nutrition			Hearing Date Done Results				
Validated Screening Tool Used? _____ Date Screened ____/____/____			< 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both			< 4 years: gross hearing ____/____/____		<input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred		
<input type="checkbox"/> Yes <input type="checkbox"/> No			≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred			OAE ____/____/____		<input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred		
Screening Results: <input type="checkbox"/> WNL			Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)			≥ 4 yrs: pure tone audiometry ____/____/____		<input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred		
<input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below):			SCREENING TESTS Date Done Results			Vision Date Done Results				
<input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help			Blood Lead Level (BLL) _____ µg/dL			<3 years: Vision appears: ____/____/____		<input type="checkbox"/> NI <input type="checkbox"/> Abnl		
<input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor			(required at age 1 yr and 2 yrs and for those at risk) _____ µg/dL			Acuity (required for new entrants and children age 3-7 years) ____/____/____		Right _____/_____ Left _____/_____ <input type="checkbox"/> Unable to test		
<input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____			Lead Risk Assessment (annually, age 6 mo-6 yrs) _____ At risk (do BLL) <input type="checkbox"/> Not at risk <input type="checkbox"/>			Screened with Glasses? <input type="checkbox"/> Strabismus? <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe Suspected Delay or Concern:			Child Care Only			Dental				
			Hemoglobin or Hematocrit _____ g/dL _____ %			Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No						Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
CIR Number [][][][][][][][][][]			Physician Confirmed History of Varicella Infection <input type="checkbox"/>			Report only positive immunity:				
IMMUNIZATIONS – DATES						IgG Titers		Date		
DTP/DTaP/DT _____ Tdap _____						Hepatitis B _____				
Td _____ MMR _____						Measles _____				
Polio _____ Varicella _____						Mumps _____				
Hep B _____ Mening ACWY _____						Rubella _____				
Hib _____ Hep A _____						Varicella _____				
PCV _____ Rotavirus _____						Polio 1 _____				
Influenza _____ Mening B _____						Polio 2 _____				
HPV _____ Other _____						Polio 3 _____				
ASSESSMENT <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____			RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____							
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: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)			
Facility Name				National Provider Identifier (NPI)			Comments:			
Address City State Zip					Date Reviewed: ____/____/____		I.D. NUMBER [][][][][][][][][]			
Telephone Fax Email					REVIEWER:					
					FORM ID# [][][][][][][][][]					

ASTHMA

MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH

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

ATTACH STUDENT PHOTO HERE	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
				OSIS # _____	
	School (include name, number, address and borough)			DOE District _____	Grade _____
				Class _____	

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

Diagnosis	Select Asthma Severity and Control				
<input type="checkbox"/> Asthma	Severity:	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Mild Persistent	<input type="checkbox"/> Moderate Persistent	<input type="checkbox"/> Severe Persistent
Other:	Control:	<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	History of asthma-related:	
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)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
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	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
Date last oral steroids received: ____/____/____				Hospitalizations within past 12 months: ____ times	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
History of food allergy, eczema, specify _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		

Select In School ASTHMA Medications	In School Instructions
1. Quick Relief Medications Choose ONLY one: <input type="checkbox"/> Albuterol [Ventolin® can be provided by school for shared usage (plus individual spacer): see back]. <input type="checkbox"/> MDI with spacer <input type="checkbox"/> DPI <input type="checkbox"/> Other Medication Order: Name: _____ Dose: _____ Route: _____ Time interval: q ____ hrs Instructions:	<input type="checkbox"/> Standard Order: Give 2 inhalations 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 ONCE <div style="text-align: center;">OR</div> <input type="checkbox"/> If in Respiratory distress*: call 911 and give 6 inhalations ; then may repeat 6 inhalations q 20 minutes until EMS arrives. <input type="checkbox"/> Pre-exercise: give 2 inhalations 15 -20 minutes before exercise. <input type="checkbox"/> URI symptoms or recent asthma flare (within 5 days): give 2 inhalations @ noon for 5 days.
2. Controller Medications for In-School Administration <u>(Recommended for Persistent Asthma, per NAEPP Guidelines)</u> SPECIFY Name(s) of medication <input type="checkbox"/> Inhaled corticosteroid (ICS): _____ Strength _____ <input type="checkbox"/> MDI with spacer <input type="checkbox"/> DPI <input type="checkbox"/> Other: _____ Strength _____ Dose: _____ Route: _____ Time interval: q _____	<input type="checkbox"/> Standing daily dose: ____ inhalations <u>once a day</u> at ____ AM OR ____ PM OR ____ inhalations <u>twice a day</u> at ____ AM and ____ PM <u>Special Instructions:</u>

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

HOME Medications (include over-the counter)	For Office of School Health (OSH) Only	
	Revisions per OSH after consultation with prescribing practitioner. <input type="checkbox"/> IEP	
	*Respiratory Distress: 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 LAST NAME FIRST NAME (Please Print)	Signature	Date ____/____/____
Address	Tel. (____) ____-____	Fax. (____) ____-____
NYS License # (Required) _____	Medicaid# _____	NPI # _____

CDC and AAP strongly recommend annual influenza vaccination for all children diagnosed with asthma.

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 (____) ____-____ Cell Phone* (____) ____-____			
Parent/Guardian e-mail address*			
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 _____

2018 Little Lions Camp Departure/Release Form

You agree and acknowledge that neither The Trustees of Columbia University in the City of New York (the "University"), nor any of its present or former trustees, officers and employees ("agents or employees"), shall have responsibility for any loss, injury, or damage including, but not limited to, any personal injury, death, or property damage, and you hereby expressly waive all rights, claims, causes of action, and the like of any nature whatsoever which you or your heirs or legal representatives may have against the University or any of its agents or employees in connection with your participation in said activity. By signing this Liability Waiver, you acknowledge that you understand that your child's participation in this activity is completely voluntary and at your own risk. You agree and promise to indemnify, defend, and hold harmless the University, including all of its agents and employees, as a result of any injuries, damage, illness, or death in connection with your child's participation in Little Lions Camp. You 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: _____