

**Manhattanville in West Harlem Implementation Plan Report
October 15, 2019 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. Empire State Development and Columbia University agreed to this modification on November 28, 2018. Following this October 2019 report, all future annual reports will no longer include the original language and will contain only the modified language.

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 Little Lions Camps, or its successor program, 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:

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://perec.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 2018 - September 2019**

Little Lions Camp Period: **6/10/2019 - 8/16/2019**

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.

2019 Little Lions Camp Dates		
Dates	Location	Scholarship(s) Awarded
Session 1: June 10 - 14	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 2: June 17 - 21	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	0
Session 3: June 24 - 28	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	5
Session 4: July 1 - 3	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 5: July 8 - 12	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	3
Session 6: July 15 - 19	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	5
Session 7: July 22 - 26	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	6
Session 8: July 29 - August 2	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	3
Session 9: August 5 - 9	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	1
Session 10: August 12 - 16	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
TOTAL		25

2019 Little Lions Camp Dates						
	Name	Zip Code	Age	Sex	Weeks Registered	Scholarship(s) Awarded
1.		10031	9	F	June 10 - 14	1*
2.		10025	9	F	June 24 - 28; July 1 - 3	2**
3.		10031	9	M	July 8 - 12; July 15 - 19	2**
4.		10031	11	M	July 8 - 12; July 15 - 19	2**
5.		10027	8	M	June 24 - 28	1*
6.		10027	10	M	June 24 - 28	1*
7.		10027	9	F	July 22 - 26; July 29 - Aug 2	2**
8.		10027	12	F	July 22 - 26; July 29 - Aug 2	2**
9.		10027	11	F	July 29 - Aug 2; August 5 - 9	2**
10.		10031	6	M	July 8 - 12; July 15 - 19	2**
11.		10031	9	M	July 15 - 19; July 22 - 26	2**
12.		10027	12	M	June 24 - 28	1*
13.		10027	9	F	June 24 - 28	1*
14.		10027	11	F	July 15 - 19; July 22 - 26	2**
15.		10027	10	M	July 22 - 26	1*
16.		10027	12	F	July 22 - 26	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 2019 Application
- Little Lions Camp 2019 Medical Form
- Little Lions Camp 2019 Asthma Form
- Little Lions Camp 2019 Departure/Release Form
- Little LionsCamp 2019 Swim Waiver
- Little Lions Camp 2019 Camper Code of Conduct
- Little Lions Camp 2019 Media Release Form



Columbia University Little Lions Camp – Summer 2019 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 10-14 | <input type="checkbox"/> Session 2:
June 17-21 | <input type="checkbox"/> Session 3:
June 24-28 | <input type="checkbox"/> Session 4:
July 1-3 |
| <input type="checkbox"/> Session 5:
July 8-12 | <input type="checkbox"/> Session 6:
July 15-19 | <input type="checkbox"/> Session 7:
July 22-26 | <input type="checkbox"/> Session 8:
July 29- August 2 |

Little Lions Camp at Baker Athletics Complex

- | | |
|--|---|
| <input type="checkbox"/> Session 9:
August 5-9 | <input type="checkbox"/> Session 10:
August 12-16 |
|--|---|

Please note: Transportation is available during Sessions 9 and 10 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 3, 2019.

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

2019 LITTLE LIONS CAMP



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 recreational swim is offered Monday-Thursday while at Dodge Fitness Center. Campers will be able to swim in a 25-yard pool for 45 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.

*Private swim lessons are available upon request;
Please contact 212-854-4439 for more information.*

TENNIS

During session 9 and 10, 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



LAUREN DUDZIAK

Lauren Dudziak is looking forward to her third summer at Little Lions Camp! She came to Columbia from University of New Haven, where she was the Graduate Assistant of Campus Recreation, Recreational and Competitive Sports. She also received a Master of Business Administration degree with a concentration in Sport Management while there.

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 health director 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: \$460	\$485
2+ weeks: \$430	\$455

Session 4: July 1st - 3rd

1 week: \$275	\$300
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Post-Care: \$150 per week or \$35/day

After Camp Swim Lessons: \$45 per Lesson \$65 with Post Care

- 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 9 & 10 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 2019, MARCH 18-22 CAMP AT
PEREC.COLUMBIA.EDU/LITTLELIONSCAMP

CAMP AT DODGE PHYSICAL FITNESS CENTER

DATES:

- June 10-14 June 17-21 June 24-28
 July 1-3 July 8-12 July 15-19
 July 22-26 July 29-Aug 2

TIME:

9:00 am - 3:00 pm

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

After Camp Swim Lessons" 3:15pm-4pm

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:

- August 5 - 9 August 12 - 16

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



2019 LITTLE LIONS CAMP REGISTRATION FORM

NAME OF CAMPER: _____

NAME OF PARENT/GUARDIAN: _____

STREET ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

CITY: _____

STATE: _____

Zip: _____

GENDER: M / F GRADE: _____

CAMPER'S SCHOOL: _____

EMAIL: _____

NEW After Camp Swim Lessons

REGISTER ONLINE AT

perec.columbia.edu/littlelionscamp

BIRTH DATE: _____

June 10-14 June 17-21 June 24-28 July 1-3 July 8-12

July 15-19 July 22-26 July 29-Aug 2 Aug 5-9 Aug 12-16

Week of Post-Care - \$150

Daily Post-Care \$35/day Select days: Mon, Tue, Wed, Thu, Fri

After Camp Swim Lessons \$40/day Mon, Tue, Wed, Thu, Fri

PAYMENT: Master Card Visa Check Credit Card #:

(Made payable to Columbia University)

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 2019 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: _____

LITTLE LIONS CAMP AT DODGE PHYSICAL FITNESS CENTER

Aug 5-9 Aug 12-16 Shuttle Bus \$100 /week

Circle one: Dodge to Baker Baker to Dodge \$50 /one way

Week of Post-Care - \$150

Daily Post-Care \$35/day Select days: Mon Tue Wed Thu Fri

EXP. 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 (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Last Name	First Name	Email		
	<input type="checkbox"/> 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? <input type="checkbox"/> Asthma (check severity and attach MAF): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent If persistent, check all current medication(s): <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None Asthma Control Status <input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled
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) _____	<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 Explain all checked items above. <input type="checkbox"/> Addendum attached.
Attach MAF if in-school medications needed	<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) _____
	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: <input type="checkbox"/> Physical Exam WNL NI Abnl <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> HEENT <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Abdomen <input type="checkbox"/> Skin <input type="checkbox"/> Language <input type="checkbox"/> Dental <input type="checkbox"/> Lungs <input type="checkbox"/> Genitourinary <input type="checkbox"/> Neurological <input type="checkbox"/> Behavioral <input type="checkbox"/> Neck <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Extremities <input type="checkbox"/> Back/spine
Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) _____ / _____	Describe abnormalities:

DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? _____ Date Screened ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____	Nutrition < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)
Describe Suspected Delay or Concern:	Hearing Date Done Results < 4 years: gross hearing ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred OAE ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred
Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No	SCREENING TESTS Date Done Results Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) ____/____/____ _____ µg/dL Lead Risk Assessment (annually, age 6 mo-6 yrs) <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk Child Care Only Hemoglobin or Hematocrit ____/____/____ _____ g/dL _____ %
	Vision Date Done Results <3 years: Vision appears: ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl Acuity (required for new entrants and children age 3-7 years) Right ____/____/____ Left ____/____/____ <input type="checkbox"/> Unable to test Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Dental Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <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 _____	MMR _____	Hepatitis B _____
Td _____	Varicella _____	Measles _____
Polio _____	Mening ACWY _____	Mumps _____
Hep B _____	Hep A _____	Rubella _____
Hib _____	Rotavirus _____	Varicella _____
PCV _____	Mening B _____	Polio 1 _____
Influenza _____	Other _____	Polio 2 _____
HPV _____		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) Comments: _____
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

PROVIDER MEDICATION ORDER FORM | Office of School Health | School Year 2018-2019

DUE: JULY 15th. Forms submitted after July 15th may delay processing for new school year.

Attach student photo here

Student Last Name _____ First Name _____ Middle Initial _____ Date of Birth ____/____/____
M M D D Y Y Y Y Male Female

OSIS # _____ DOE District ____ Grade/Class _____

School Name, Number, Address, and Borough:

HEALTH CARE PRACTITIONERS COMPLETE BELOW

Diagnosis

- Asthma
- Other: _____

Control (see NAEPP Guidelines)

- Well Controlled
- Not Controlled / Poorly Controlled
- Unknown

Severity (see NAEPP Guidelines)

- Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

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

- History of near-death asthma requiring mechanical ventilation Y N U
- History of life-threatening asthma (loss of consciousness or hypoxic seizure) Y N U
- History of asthma-related PICU admissions (ever) Y N U
- Received oral steroids within past 12 months Y N U _____ times last : ____/____/____
- History of asthma-related ER visits within past 12 months Y N U _____ times
- History of asthma-related hospitalizations within past 12 months Y N U _____ times
- History of food allergy or eczema, specify: _____ Y N U

Student Skill Level (Select the most appropriate option)

- Nurse-Dependent Student: nurse must administer medication
- Supervised Student: student self-administers under adult supervision
- Independent Student: student is self-carry / self-administer

Practitioner Initials

I attest student demonstrated the ability to self-administer the prescribed medication effectively for school / field trips / school sponsored events.

Home Medications (Include over the counter)

- Reliever _____
- Controller _____
- Other _____

Quick Relief In-School Medication (Select **ONE**)

- Albuterol MDI**
[Ventolin® MDI can be provided by school for shared usage (plus individual spacer)]:
 - MDI w/ spacer
 - DPI
- Other:** Name: _____ Strength: _____
Dose: _____ Route: _____ Time Interval: ____ hrs

In-School Instructions (Check all that apply)

- Standard Order:** Give 2 puffs/1 AMP q 4 hrs. PRN for coughing, wheezing, tight chest, difficulty breathing or shortness of breath ("asthma flare symptoms"). Monitor for 20 mins or until symptom-free. If not symptom-free within 20 mins may repeat **ONCE**.
If in Respiratory Distress*: Call 911 and give 6 puffs/1 AMP; may repeat q 20 minutes until EMS arrives.
 - Pre-exercise:** 2 puffs/1 AMP 15-20 mins before exercise.
 - URI Symptoms or Recent Asthma Flare (Within 5 days):** 2 puffs/1 AMP @ noon for 5 days.
- Special Instructions: _____

Controller Medications for In-School Administration

(Recommended for Persistent Asthma, per NAEPP Guidelines)

- Fluticasone MDI**
[Flovent® 110 mcg MDI can be provided by school for shared usage]:
 - MDI w/ spacer
 - DPI
- Other:** Name: _____ Strength: _____
Dose: _____ Route: _____ Time Interval: ____ hrs

Standing Daily Dose:

____ puffs/1AMP ONCE a day at ____ AM

Special Instructions: _____

Health Care Practitioner (Please Print Name)		Signature	Date ____/____/____
Last	First		
Address		Tel. (____) _____	Fax (____) _____
Email Address		NYS License # (Required)	CDC and AAP strongly recommend annual influenza vaccination for all children diagnosed with asthma.

ASTHMA MEDICATION ORDER | Office of School Health | School Year 2018-2019

ASTHMA PROVIDER MEDICATION ORDER | Office of School Health | School Year 2018-2019

DUE: JULY 15th. Forms submitted after July 15th may delay processing for new school year.

PARENTS/GUARDIANS FILL BELOW

By signing below, I agree to the following:

1. I consent to my child's medicine being stored and given at school based on directions from my child's health care practitioner. I also consent to any equipment needed for my child's medicine being stored and used at school.
2. I understand that:
 - I must give the school nurse my child's medicine and equipment, including non-Ventolin inhalers.
 - **All prescription and "over-the-counter" medicine I give the school must be new, unopened, and in the original bottle or box.** I will get another medicine for my child to use when he or she is not in school or is on a school trip.
 - Prescription medicine must have the **original** pharmacy label on the box or bottle. Label must include: 1) my child's name, 2) pharmacy name and phone number, 3) my child's doctor's name, 4) date, 5) number of refills, 6) name of medicine, 7) dosage, 8) when to take the medicine, 9) how to take the medicine and 10) any other directions.
 - I must **immediately** tell the school nurse about any change in my child's medicine or the doctor's instructions.
 - OSH and its agents involved in providing the above health service(s) to my child are relying on the accuracy of the information in this form.
 - By signing this medication administration form (MAF), the Office of School Health (OSH) may provide health services to my child. These services may include a clinical assessment or a physical exam by an OSH health care practitioner or nurse.
 - The medication order in this MAF expires at the end of my child's school year, which may include the summer session, or when I give the school nurse a new MAF (whichever is earlier).
 - When this medication order expires, I will give my child's school nurse a new MAF written by my child's health care practitioner. If this is not done, an OSH health care practitioner may examine my child unless I provide a letter to my school nurse stating that I do not want my child to be examined by an OSH health care practitioner. The OSH health care practitioner may assess my child's asthma symptoms and response to prescribed asthma medicine. The OSH health care practitioner may decide if the medication orders will remain the same or need to be changed. The OSH health care practitioner will fill out a new MAF so my child can continue to receive health services through OSH. OSH will not need my signature to write future asthma MAFs. If the OSH health care practitioner completes a new MAF for my child, the OSH health care practitioner will attempt to inform me and my child's health care practitioner.
 - This form represents my consent and request for the asthma services described on this form. It is not an agreement by OSH to provide the requested services. If OSH decides to provide these services, my child may also need a Student Accommodation Plan. This plan will be completed by the school.
 - OSH may obtain any other information they think is needed about my child's medical condition, medication or treatment. OSH may obtain this information from any health care practitioner, nurse, or pharmacist who has given my child health services.
 - If the school nurse is unavailable, I may be notified to come to school to give my child medicine.

FOR SELF ADMINISTRATION OF MEDICINE:

- I certify/confirm that my child has been fully trained and can take medicine on his or her own. I consent to my child carrying, storing and giving him or herself the medicine prescribed on this form in school. I am responsible for giving my child this medicine in bottles or boxes as described above. I am also responsible for monitoring my child's medication use, and for all results of my child's use of this medicine in school. The school nurse will confirm my child's ability to carry and give him or herself medicine. I also agree to give the school "back up" medicine in a clearly labeled box or bottle.
- I consent to the school nurse or trained school staff giving my child medicine if my child is temporarily unable to carry and give him or herself medicine.
- I certify/confirm that I have checked with my child's health care practitioner and I consent to the OSH giving my child stock medication in the event my child's asthma medicine is not available.

NOTE: If you opt to use stock medication, you must send your child's asthma inhaler, epinephrine, and other approved self-administered medications with your child on a school trip day and/or after-school program in order for he/she to have it available. Stock medications are for use by OSH staff in school only.

Student Last Name	First	MI	Date of Birth ___/___/_____
Parent/Guardian Print Name: _____		SIGN HERE	Signature: _____
Date Signed ___/___/_____		Parent/Guardian's Address: _____	
Cell Phone (___) ___ - _____		Other Phone (___) ___ - _____ Email: _____	
Alternate Emergency Contact Name: _____		Emergency Contact Phone: (___) ___ - _____	

For OFFICE OF SCHOOL HEALTH (OSH) Use Only

OSIS Number: _____		<input type="checkbox"/> 504 <input type="checkbox"/> IEP <input type="checkbox"/> Other
Received By Name: _____	Date ___/___/_____	Reviewed By Name: _____
Services Provided By: <input type="checkbox"/> Nurse/NP <input type="checkbox"/> School-Based Health Center	<input type="checkbox"/> OSH Public Health Advisor <i>(For supervised students only)</i> <input type="checkbox"/> OSH Asthma Case Manager <i>(For supervised students only)</i>	
Revisions per Office of School Health after consultation with prescribing practitioner: <input type="checkbox"/> Modified <input type="checkbox"/> Not Modified		
Signature and Title (RN OR MD/DO/NP): _____		*Respiratory Distress: includes breathlessness at rest, tachypnea, cyanosis, pallor, hunching forward, nasal flaring, accessory respiratory muscle use, abdominal breathing, shallow rapid breathing, mouthing words, wheezing throughout expiration and inspiration or decreased or absent breath sounds, agitation, drowsiness, confusion or exceptionally quiet appearance.

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 _____

2019 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: _____