Declaration Reference and Key Data

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

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

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.

Evidence of Compliance

1. Link to Athletics website
2. Annual report

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

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

Please check to verify EOC items submitted for review.

☐ 1. Link to Athletics website

☐ 2. Annual report

Monitor's Notes / Comments:

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

☐ In Compliance

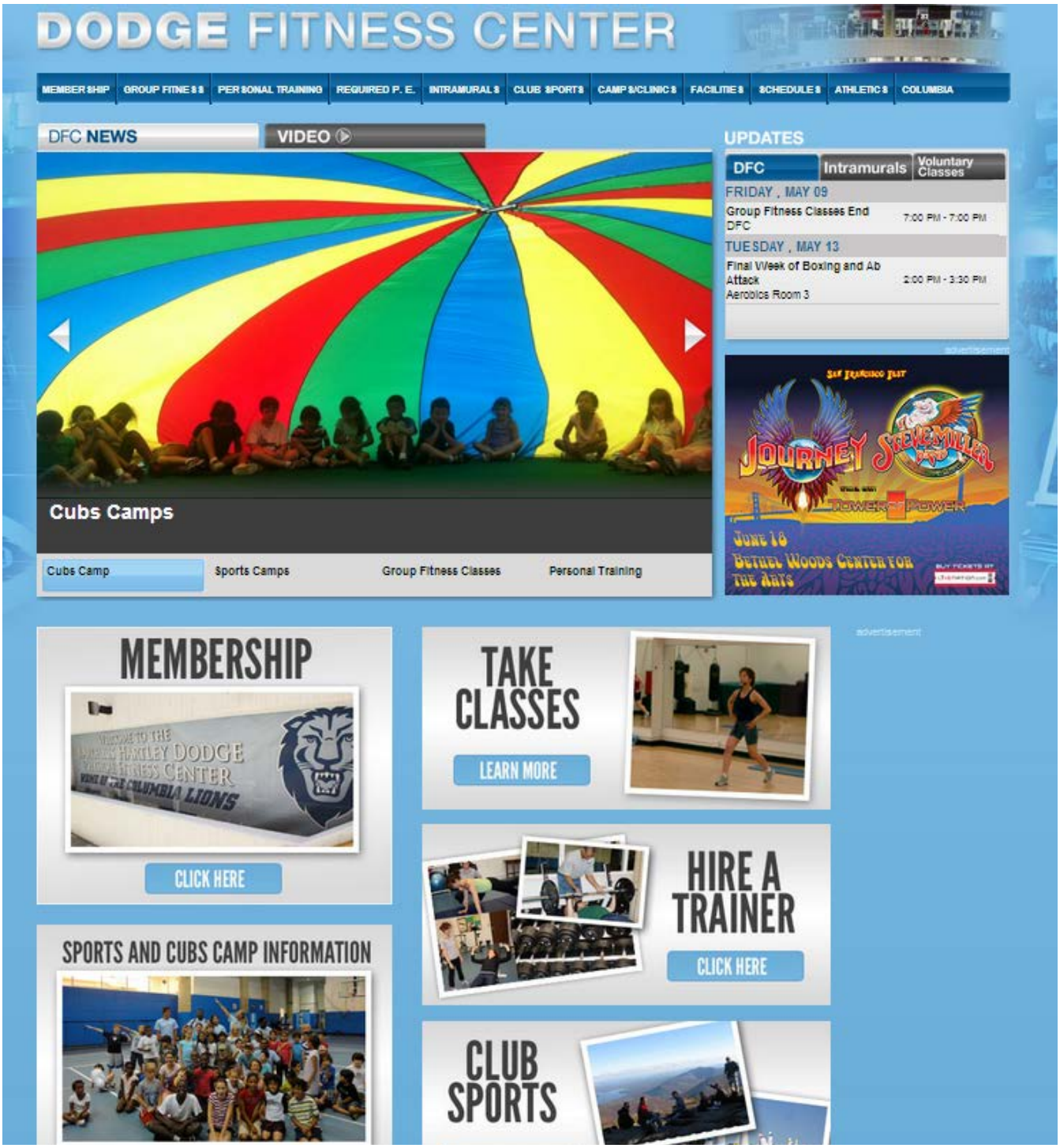
☐ In Progress

☐ Not In Compliance

☐ Not Triggered

Summer Camp

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



Annual Report: Summer Camp

State Submission Annual Reporting Period: **October 2013 - September 2014**
Summer Camp Period: **6/16/2014 - 8/15/2014**

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

2014 Summer Camp Dates

Dates	Location	Scholarship(s) Awarded
Session 1: June 16 - 20	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 2: June 23 - 27	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	3
Session 3: June 30 - July 3	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	4
Session 4: July 7 - 11	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	5
Session 5: July 14 - 18	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 6: July 21 - 25	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 7: July 28 - Aug 1	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 8: August 4 - 8	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	7
Session 9: August 11 - 15	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	4
	TOTAL	**25**

2014 Summer Camp Dates

	Name	Zip Code	Age	Sex	Grade	Weeks Registered	Scholarship(s) Awarded
1.	[redacted]	10031	11	F	5	June 23 - 27; August 4 - 8	2**
2.	[redacted]	10031	8	F	2	June 23 - 27; August 4 - 8	2**
3.	[redacted]	10031	8	M	2	June 30 - July 3; July 7 - 11	2**
4.	[redacted]	10027	10	M	4	July 7 - 11; July 14 - 18	2**
5.	[redacted]	10030	12	F	6	August 4 - 8; August 11 - 15	2**
6.	[redacted]	10027	7	F	1	June 16 - 20; June 23 - 27	2**
7.	[redacted]	10031	7	M	2	June 30 - July 3; July 7 - 11	2**
8.	[redacted]	10031	7	F	1	June 30 - July 3; July 7 - 11	2**
9.	[redacted]	10031	6	F	K	June 30 - July 3; July 7 - 11	2**
10.	[redacted]	10027	7	F	1	Aug 4 - 8; Aug 11 - 15	2**
11.	[redacted]	10031	10	F	5	Aug 4 - 8; Aug 11 - 15	2**
12.	[redacted]	10031	10	F	4	Aug 4 - 8	1*
13.	[redacted]	10031	9	F	3	Aug 11 - 15	1*
14.	[redacted]	10031	6	M	1	Aug 4 - 8	1*
						TOTAL	**25**

Each Summer Camp Scholarship Grants One Week of Free Access to the Camp
* Indicates that the participant received one scholarship which is equal to one week of camp.
** Indicates that the participant received two scholarships which is equal to two weeks of camp.

Additional Supporting Documentation

- Summer Camp 2014 Application
- Summer Camp 2014 Medical Form
- Summer Camp 2014 Asthma Form
- Summer Camp 2014 Departure/Release Form
- Summer Camp 2014 Swim Waiver
- Summer Camp 2014 Camper Code of Conduct
- Summer Camp 2014 Media Release Form

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

WWW.DODGEFTNESSCENTER.COM/CAMPS

CAMP PROGRAM:

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

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

SWIMMING

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

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

TENNIS

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

CAMP DIRECTOR

ANNE MARIE SKYLIS

Anne Marie Skylis- Anne Marie Skylis is excited to be the Director of Sports and Cubs Camps. She was the Assistant Director of Cubs Camp during the 2013 summer and transitioned into the director's position in the fall. Prior to her involvement at Cubs Camp, she taught middle school science in Providence, Rhode Island, where she also received her teaching certificate in secondary science. While in Providence, she also coached middle school softball players and ran science enrichment courses after school. She earned her B.A. from Columbia University, and during her time was extremely involved in the Athletics Department as an athlete and employee.

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

ADDITIONAL STAFF

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

WHAT TO BRING

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

MANDATORY FORMS AND 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 **www.dodgefitnesscenter.com/cubscamp.**
Please **scan** to **camps@columbia.edu** or **fax 212-854-7397** required paperwork before camp date.
All current forms must be on file for camp participation.

TUITION:

Before May 1st	On or After May 1st
1 week: $440	$465
2+ weeks: $410	$435

Session 3: June 30th - July 3rd (Monday-Thursday)

1 week:	$355	$380
2+ weeks:	$325	$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 www.dodgefitnesscenter.com/cubscamp
- Upon completion of the online registration process you will receive a confirmation email, which will include all the required forms and waivers that must be completed and returned. Campers will not be able to participate without all completed forms on file.

REFUNDS AND CANCELLATIONS

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

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

POST CARE:

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

BUS:

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

GROUPS:

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

Don't forget the 2014 Spring Break Cubs Camp!
Register online for the March 17-21, 2014 camp at www.dodgefitnesscenter.com/cubscamp

CAMP AT DODGE PHYSICAL FITNESS CENTER

Dates:

❑ June 16-20 ❑ June 23-27
❑ June 30-July 3 ❑ July 7-11 ❑ July 14-18
❑ August 4-8 ❑ August 11-15

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

SAMPLE DAY:

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

SAMPLE DAILY SCHEDULE (subject to change)

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

CAMP AT THE BAKER ATHLETICS COMPLEX

Dates:

❑ July 21 - 25 ❑ July 28 - August 1

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

SAMPLE DAY:

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

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

SAMPLE DAILY SCHEDULE (subject to change)

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

REGISTRATION FORM - 2014 ROAR-EE'S CUBS CAMP

Register online at www.dodgefitnesscenter.com/cubscamp

Name of Camper:_____ Gender: M / F Grade:_____ Birth Date:_____

Name of Parent/Guardian:_____ Camper's School:_____

Street Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____ Email:_____

CUBS CAMP AT BAKER ATHLETIC COMPLEX

❑ July 21-25 ❑ July 28-August 1 **Shuttle Bus** ❑ **$100** /week

Circle one: Dodge to Baker Baker to Dodge ❑ **$50** /one way

❑ **Week of Post-Care- $125**

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

CUBS CAMP AT DODGE PHYSICAL FITNESS CENTER

❑ June 16-20 ❑ June 23-27 ❑ June 30-July 3 ❑ July 7-11

❑ July 14-18 ❑ August 4-8 ❑ August 11-15

❑ **Week of Post-Care- $125**

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

Payment: ❑ Master Card ❑ Visa ❑ Check (Made payable to Columbia University) Credit Card #:_____ Exp Date:_____

We/I hereby request you accept camper's application for enrollment in the 2014 Roar-ee's Cubs Camp. In consideration of your acceptance of this application, we/I hereby agree to release, indemnify and hold harmless Columbia University, its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in the camp. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Parent/Legal Guardian Signature:_____ Date:_____

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly Press Hard

STUDENT ID NUMBER OSIS

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name | First Name | Middle Name | **Sex** ☐ Female ☐ Male | **Date of Birth** *(Month/Day/Year)* __ __ / __ __ / __ __ __ __

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

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

Health insurance (including Medicaid)? ☐ Yes ☐ No | ☐ **Parent/Guardian** Last Name | First Name | ☐ **Foster Parent**

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

Birth history *(age 0-6 yrs)*

☐ Uncomplicated ☐ Premature: _____ weeks gestation

☐ Complicated by _____

Allergies ☐ None ☐ Epi pen prescribed

☐ Drugs *(list)* _____

☐ Foods *(list)* _____

☐ Other *(list)* _____

Does the child/adolescent have a past or present medical history of the following?

☐ Asthma *(check severity and attach MAF/Asthma Action Plan):* ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

If persistent, check all current medication(s): ☐ Inhaled corticosteriod ☐ Other controller ☐ Quick relief med ☐ Oral steroid ☐ None

☐ Attention Deficit Hyperactivity Disorder
☐ Chronic or recurrent otitis media
☐ Congenital or acquired heart disorder
☐ Developmental/learning problem
☐ Diabetes *(attach MAF)*
☐ Orthopedic injury/disability
☐ Seizure disorder
☐ Speech, hearing, or visual impairment
☐ Tuberculosis *(latent infection or disease)*
☐ **Other** *(specify)* _____

Explain all checked items above or on addendum

Medications *(attach MAF if in-school medication needed)*

☐ None ☐ Yes *(list below)*

_____

_____

Dietary Restrictions

☐ None ☐ Yes *(list below)*

_____

PHYSICAL EXAMINATION

Height _____ **cm** (__ __ %ile)

Weight _____ **kg** (__ __ %ile)

BMI _____ **kg/m²** (__ __ %ile)

Head Circumference *(age ≤2 yrs)* _____ **cm** (__ __ %ile)

Blood Pressure *(age ≥3 yrs)* _____ / _____

General Appearance:

	NI	Abnl		NI	Abnl		NI	Abnl		NI	Abnl		NI	Abnl
☐	☐	HEENT	☐	☐	Lymph nodes	☐	☐	Abdomen	☐	☐	Skin	☐	☐	Psychosocial Development
☐	☐	Dental	☐	☐	Lungs	☐	☐	Genitourinary	☐	☐	Neurological	☐	☐	Language
☐	☐	Neck	☐	☐	Cardiovascular	☐	☐	Extremities	☐	☐	Back/spine	☐	☐	Behavioral

Describe abnormalities:

DEVELOPMENTAL *(age 0-6 yrs)* ☐ Within normal limits

If delay suspected, specify below

☐ Cognitive *(e.g., play skills)* _____

☐ Communication/Language _____

☐ Social/Emotional _____

☐ Adaptive/Self-Help _____

☐ Motor _____

SCREENING TESTS	*Date Done*	*Results*
Blood Lead Level (BLL) *(required at age 1 yr and 2 yrs and for those at risk)*	__/__/__	_____ µg/dL
	__/__/__	_____ µg/dL
Lead Risk Assessment *(annually, age 6 mo-6 yrs)*	__/__/__	☐ At risk *(do BLL)* ☐ Not at risk
Hearing ☐ Pure tone audiometry ☐ OAE	__/__/__	☐ Normal ☐ Abnormal
Head Start Only		
Hemoglobin or Hematocrit *(age 9–12 mo)*	__/__/__	_____ g/dL _____ %

	Date Done	*Results*
Tuberculosis *Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school*		
PPD/Mantoux *placed*	__/__/__	Induration _____mm
PPD/Mantoux *read*	__/__/__	☐ Neg ☐ Pos
Interferon Test	__/__/__	☐ Neg ☐ Pos
Chest x-ray *(if PPD or Interferon positive)*	__/__/__	☐ NI ☐ Abnl ☐ Not Indicated
Vision *(required for new school entrants and children age 4–7 yrs)*	__/__/__ ☐ with glasses	Acuity *Right* ___ / ___ *Left* ___ / ___ Strabismus ☐ No ☐ Yes

IMMUNIZATIONS – DATES CIR Number of Child

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

Influenza	__/__/__	__/__/__	__/__/__	__/__/__
MMR	__/__/__	__/__/__	__/__/__	__/__/__
Varicella	__/__/__	__/__/__		
Td	__/__/__	__/__/__	__/__/__	__/__/__
Tdap __/__/__	Hep A	__/__/__	__/__/__	
Meningococcal	__/__/__	__/__/__		
HPV	__/__/__	__/__/__	__/__/__	
Other, *specify:* _____	__/__/__	_____	__/__/__	

RECOMMENDATIONS ☐ Full physical activity ☐ Full diet

☐ Restrictions *(specify)* _____

Follow-up Needed ☐ No ☐ Yes, for _____ Appt. date: __/__/__

Referral(s): ☐ None ☐ Early Intervention ☐ Special Education ☐ Dental ☐ Vision

☐ Other _____

ASSESSMENT ☐ **Well Child** (V20.2) ☐ **Diagnoses/Problems** *(list)* **ICD-9 Code**

_____ __ __ __ __

_____ __ __ __ __

_____ __ __ __ __

Health Care Provider Signature | Date __ __ / __ __ / __ __

Health Care Provider Name and Degree *(print)* | Provider License No. and State

Facility Name | National Provider Identifier (NPI)

Address | City | State | Zip

Telephone (__ __ __) __ __ __ – __ __ __ __ | Fax (__ __ __) __ __ __ – __ __ __ __

DOHMH ONLY **PROVIDER I.D.**

TYPE OF EXAM: ☐ NAE Current ☐ NAE Prior Year(s)

Comments

Date Reviewed: __/__/__ **I.D. NUMBER**

REVIEWER:

Copies: **White** School/Child Care/Early Intervention/Camp, **Canary** Health Care Provider, **Pink** Parent/Guardian

NOTE: Parent signature required on reverse side of this form. Current photograph of student MUST be attached to upper left corner of this form.

MEDICATION ADMINISTRATION FORM

Authorization for Administration of Medication to Students for School Year 2013–2014

Student's Name *(Last, First, Middle)*	Male ☐ Female ☐	Date of Birth	I.D. Number

DOE District	School (PS, IS, etc. and Name)	Grade	Class	Borough

School Address	Zip Code

1. **Diagnosis ASTHMA** ☐ **Yes** ☐ **No** _____ ADD DIAGNOSIS **Choose Severity:** ☐ **Intermittent** ☐ **Moderate Persistent*** ☐ **Mild Persistent*** ☐ **Severe Persistent*** ***National guidelines recommend inhaled corticosteroids for children with persistent asthma.** **Stock supply only available for Ventolin HFA.** ***(see back)*** **Choose One:** ☐ **Ventolin HFA (plus individual spacer with mouth piece may be provided by school for shared usage).** ☐ _____ **HFA (to be provided by parent).** ADD MEDICATION NAME ◯ **May substitute stock ventolin** ◯ **May not substitute stock ventolin** **INDICATE HOME MEDS IN BOTTOM LEFT BOX.**	***Choose all that apply*** ☐ **Standard order**. 2 puffs q 4 hrs. via MDI and spacer prn cough, wheeze, tightness in chest, difficulty breathing or shortness of breath. May repeat in 15 mins x 2 if no improvement (3 total). ☐ **Pre exercise**. 2 puffs via MDI with spacer 15-30 minutes before exercise. ☐ **URI or recent asthma flare** (within 3 days). 2 puffs @ noon via MDI inhaler and spacer for 3-5 days. URI sx can include: Itchy watery eyes, nasal drainage and/or congestion, sneezing, sore throat, cough, headache Asthma flare: sx can include: Shortness of breath, chest tightness or pain, coughing, wheezing ICD9: _____	***Instructions for lack of improvement or adverse reaction*** If improved, but not enough to return to class, call parent. If significant respiratory distress persists, call 911 and notify parent and PMD. May provide additional puffs as needed until EMS arrives.	***Choose all that are appropriate*** ☐ Student may carry medication and may self-administer. ***(PARENT MUST INITIAL REVERSE SIDE).*** ☐ Store medication in medical room and student to self-administer under observation. ☐ Store medication in medical room and nurse to administer. ☐ Student self administer their personal MDI on school trips or/and afterschool program.
2. **Diagnosis: Anaphylaxis** **Select One:** ☐ Epinephrine Auto-Injector: 0.3 mg/0.3 ml [1:1000] ☐ Epinephrine Auto-Injector: 0.15 mg/0.3 ml [1:2000] Intramuscularly into anterolateral aspect of thigh 911 will be called immediately	☐ **prn** _____ ***specific signs, symptoms or situations*** **Any repeats if no improvement?** ☐ **Yes, in ___ mins, max ___ times (3 total)** ICD9: _____	Conditions under which medication should not be given: _____ _____ _____	☐ Student may carry medication (includes epinephrine) and may self-administer. ***(PARENT MUST INITIAL REVERSE SIDE).*** ☐ Medication should be kept in close proximity to the student and (choose an option below) ☐ student to self administer ☐ nurse or trained staff to administer
3. **Diagnosis** _____ _____ Medication/Preparation/Concentration _____ Dose/Route ☐ Diagnosis substantially controlled with medication. ☐ Diagnosis not substantially controlled with medication.	☐ **Standing daily dose. Specify time(s):** _____ *AND/OR* ☐ **prn** _____ ***specific signs, symptoms or situations*** **Time interval: q _____ min/hrs as needed** SELECT ONE **Any repeats if no improvement?** ☐ **Yes, in _____ min/hrs, max _____ times** SELECT ONE ICD9: _____	Conditions under which medication should not be given: _____ _____ _____	☐ Student may carry medication (includes epinephrine) and may self-administer. ***(PARENT MUST INITIAL REVERSE SIDE).*** NOT FOR CONTROLLED SUBSTANCES. ☐ Store medication in medical room and student to self-administer under observation. ☐ Store medication in medical room and nurse to administer.

List medication(s) student takes at home and at what time:

_____

_____

_____

Health Care Practitioner (HCP) Name (PLEASE PRINT)		HCP Signature	
LAST NAME	FIRST NAME		

HCP/Clinic Address			Medicaid No.	NPI No.

HCP/Clinic Tel. No.	HCP/Clinic Fax No.	HCP/Email	NYS Registration No. (Required)	Date

FOR DOHMH USE: Revisions per DOHMH after consultation with prescribing provider

☐ **IEP**

_____

_____

_____

INCOMPLETE PROVIDER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS

MEDICATION ADMINISTRATION FORM (MAF): PARENT/GUARDIAN'S CONSENT AND AUTHORIZATION 2013-2014

I hereby authorize the storage and administration of medication, as well as the storage and use of necessary equipment to administer the medication, in accordance with the instructions of my child's physician. I understand that I must provide the school with the medication and equipment necessary to administer medication, including non-Ventolin inhalers.. Medication is to be provided in a properly labeled original container from the pharmacy (another such container should be obtained by me for my child's use outside of school); the label on the prescription medication must include the name of the student, name and telephone number of the pharmacy, licensed prescriber's name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other directions; over the counter medications and drug samples must be in the manufacturer's original container, with the student's name affixed to that container. I understand that if I provide an asthma inhaler, it must be supplied in its original and UNOPENED medication box. I further understand that I must immediately advise the principal and/or his/her designee(s) especially the school nurse of any change in the prescription or instructions stated above.
I understand that no student will be allowed to carry or self-administer controlled substances.

I understand that this Authorization is only valid until the earlier of: (1) June 27, 2014 (This prescription may be extended through August if the student is attending a New York City Department of Education (the "Department") sponsored summer instruction program); or (2) such time that I deliver to the principal or his/her designee(s) and nurse a new prescription or instructions issued by my child's physician regarding the administration of the above-prescribed medication. By submitting this MAF, I am requesting that my child be provided with specific health services by the Department and the New York City Department of Health and Mental Hygiene ("DOHMH") through the Office of School Health ("OSH"). I understand that part of these services may entail an assessment by an OSH physician as to how my child is responding to the prescribed medication. Full and complete instructions regarding the provision of the above-requested health service(s) are included in this MAF. I understand that the Department, DOHMH and their agents, and employees involved in the provision of the above-requested health service(s) are relying on the accuracy of the information provided in this form. It is my intention that my child will be provided with health service(s) according to the information and instructions that are provided in this MAF. I further understand that the Department, DOHMH and their agents are not responsible for any adverse reaction to this medication.

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

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

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

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

_____ I also authorize the principal, his/her designee(s) and school nurse to store and/or administer to my child such medication in the event that my child is temporarily incapable of self-storage and self-administration of such medication._____ **I hereby certify that I have consulted with my child's health care provider and that I authorize the Office of School Health to administer stock Ventolin in the event that my child's asthma prescription medication is unavailable.**

*You must send your child's **Personal Metered Dose Inhaler(MDI)** with your child on a **school trip day** in order that he/she has it available. The stock Ventolin is **only** for use while your child is in the school building.*

Please Print Parent/Guardian's Name & Address Below:

_____ _____

Parent/Guardian's Signature

_____ _____

Date Signed

_____ _____

Daytime Telephone No. **Home Telephone No.**

(DO NOT WRITE BELOW – FOR DOE AND DOHMH ONLY)

Student's Name: _____ OSIS No: _____

Received by: _____ _____ Reviewed by: _____ _____
Name Date Name Date

Referred to School 504 Coordinator: ☐ Yes ☐ No Self-Administers/Self-Carries: ☐ Yes ☐ No

Services provided by: ☐ Nurse ☐ DOHMH Public Health Adv. ☐ School Based Health Center ☐ DOE School Staff

Signature and Title: _____ _____
(RN OR MD) (Date school notified and form forwarded to DOE Liaison)

Hello everyone,

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

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

Thanks,
The Cubs Camp Staff

We / I certify that my child, _____, is able to swim and may do so under the supervision of the Columbia University Cubs Camp. We / I herby 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 herby give permission to the camp staff, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Parent / Legal Guardian: _____ Date: _____

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

CUBS CAMP CODE OF CONDUCT

Camp Philosophy and Behavioral Expectations

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

Code of Conduct

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

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

Consequences for Inappropriate Behavior

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

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

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

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

Camper name _____ Signature of Camper_____ Date _____

Parent/Guardian name _____ Signature of Parent/Guardian _____ Date_____

Cubs Camp Departure/Release Form

"We/I hereby request you accept camper's application for enrollment in the 2014 Summer Cubs Camp. In consideration of your acceptance of this application, we/I hereby agree to release, indemnify and hold harmless Columbia University, its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in the camp. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Name of Camper (please print): _____

☐ My Child HAS Permission to Leave Cubs Camp Unattended.

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

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

1._____ _____
Name Phone

2._____ _____
Name Phone

3._____ _____
Name Phone

4._____ _____
Name Phone

Signature of Parent/Legal Guardian_____ Date_____

Participation in or use of photograph

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

a. Photograph me for use in one or more publications relating to Roar-ee's Cubs Camp ("Cubs Camp").
b. Exhibit or distribute the photographs and / or my likeness in whole or in park 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:_____