

Dear Staff & Families of Campers,

We are excited for Summer 2021! We have missed spending time with our campers this past year and can't wait to have them back at camp with us!

Letters, cards, daily phone calls, emails, and zoom calls over this past year have told us how much our campers miss us. We have been working diligently over the past year to create a safe and enjoyable experience for your camper, that you can trust and have confidence in. We understand the importance the role of camp has in our campers' lives, the weight of caring for an individual, and the need for respite for both our campers and you as their care provider. It is a joy and a privilege to provide the same unforgettable camp experience through enhanced policies, procedures, schedules, and adherence to state mandates and recommendations.

I am pleased to announce that registration for Shepherds Camp Summer 2021 is now open! Please take time to read the information below as you complete your registration forms:

We have updated our policies and procedures to continue to provide a safe, fun, and accessible camp experience this summer. You will find an additional document with your registration forms detailing these changes, titled SUMMER 2021 POLICIES & PROCEDURES. Please read over this information and return it signed with the rest of your registration forms.

These updated policies and procedures include: an increase in counselor to camper ratio, additional staff, additional health & hygiene procedures, increased daily supervision, social distancing & gathering procedures, and health protocols before & during camp sessions. These significant changes to our staffing and camp procedures have made it necessary to increase the cost of camp this summer. We understand that this increase may be a burden to some campers and their families. We would be pleased to have you contact the camp office to request additional information about scholarship funding for 2021.

Summer 2021 will include eight 1-week general sessions (with a 1:3 ratio, with extra supervision), and two 1:1 sessions. There will be more 1:1 sessions made available if sessions become full.

If we have to cancel a session for any reason this summer, our goal is to postpone to ensure your camper has a safe, fun, and accessible camp experience.

**SECURING YOUR SESSION:** In order to secure your camper's spot, we need the following:

- Completed registration form.
- \$100 deposit.
- Copy of an updated physical (or date of a scheduled physical).
- Signed copy of the Summer 2021 Policies & Procedures form.

We are excited to provide the unforgettable experience of camp and hope to see your camper this summer!

Sincerely,



Jack Lightbody  
Program Manager



# Shepherds Camp 2021 Summer Registration Form

Registration form, physical within 1 year of camp date, a \$100 deposit, and updated Policies & Procedures form are required to reserve a space.

Camper \_\_\_\_\_ Age \_\_\_\_\_  M  F DOB \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Adult T- Shirt Size: (Circle One) 3XL XXL XL L M S Nickname \_\_\_\_\_

Has the camper attended Arrowhead before?  Yes  No Last year attended:  2019  \_\_\_\_\_

**PLEASE NOTE: NEW CAMPERS NEED TO SCHEDULE A MEETING WITH THE PROGRAM MANAGER**

Care Provider \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Care Provider E-mail address \_\_\_\_\_  
Relationship to Camper: (FCP, parent, sibling, House Manager, etc.) \_\_\_\_\_

### Please Check Program(s) Desired:

#### 1 Week Programs \$950 / person

- |  |   |
|--|---|
| <input type="checkbox"/> Monday, May 24 <sup>th</sup> – Friday, May 28 <sup>th</sup>   | <input type="checkbox"/> Monday, July 5 <sup>th</sup> – Friday, July 9 <sup>th</sup>      |
| <input type="checkbox"/> Monday, May 31 <sup>st</sup> – Friday, June 4 <sup>th</sup>   | <input type="checkbox"/> Monday, July 26 <sup>th</sup> – Friday, July 30 <sup>th</sup>    |
| <input type="checkbox"/> Monday, June 7 <sup>th</sup> – Friday, June 11 <sup>th</sup>  | <input type="checkbox"/> Monday, August 2 <sup>nd</sup> – Friday, August 6 <sup>th</sup>  |
| <input type="checkbox"/> Monday, June 14 <sup>th</sup> – Friday, June 18 <sup>th</sup> | <input type="checkbox"/> Monday, August 9 <sup>th</sup> – Friday, August 13 <sup>th</sup> |

Registration Fee: \$100.00 (non-refundable) Remaining Balance: \$850.00 Due May 14th

#### 1 to 1 Week Programs \$1,400 / person

[open to campers who require individual care]

- Monday, June 28<sup>th</sup> – Friday, July 2<sup>nd</sup>
- Monday, July 19<sup>th</sup> – Friday, July 23<sup>rd</sup>

Additional 1 to 1 weeks will be available if sessions become full

Registration Fee: \$100.00 (non-refundable) Remaining Balance: \$1,300.00 Due May 14th

**Please contact the main office today for information on Camper Scholarships!**

Make check or money order payable to: Arrowhead Bible Camp

Mail to: Shepherds Camp, Arrowhead Bible Camp, 122 Arrowhead Cottage Rd., Brackney, PA 18812

Questions? Call - (570) 663-2419 Fax- (570) 663-2903 bkarrowhead@gmail.com [www.shepherdscamp.org](http://www.shepherdscamp.org)

#### Office Use Only

Rec'd: \_\_\_\_\_ M1: \_\_\_ M2: \_\_\_ PRN: \_\_\_ MA: \_\_\_ PP: \_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ E: \_\_\_ C: \_\_\_

**NOTE:** While this camper may have attended camp in the past, his/her counselor for the session may be unfamiliar with them. Be thorough so staff can best understand and care for your individual's unique needs.

**Activities of Daily Living:**

	Independent	Assistance	Total Care	Please specify assistance required
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brushing Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing Hands and Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tying Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Menstruation (women only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Camper uses:  Glasses  Hearing Aids  Dentures  Orthopedic Device (explain in Mobility)  Other:

**COVID Precautions:**

	Can Self-Regulate	Needs Prompting	Total Care
Social Distancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mask-Wearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Toileting & Overnight Care:**

Camper requests to stay in:  Cabin  Dorm

Bunk with: \_\_\_\_\_

Do NOT bunk with: \_\_\_\_\_

Needs Bedrails

Uses CPAP/Oxygen Concentrator

Wets Bed:  Never  Occasionally  Frequently

How is bed-wetting handled? \_\_\_\_\_

Wears Diapers:  Never  Nightly  Daily  Always

Uses Commode/Portable Urinal at Night

Sleeps through the night

Needs to be awakened to use the toilet

Hourly bed checks

Bowel Routine: \_\_\_\_\_

Other: \_\_\_\_\_

**Mobility:**

Walking:  Normal  Slow  Unsteady  No Walking

Cane(s)  Walker  No Stairs  Prone to Wander

Wheelchair:  Electric  Manual  Always  Distance

Braces/Orthopedic Device: (Explain) \_\_\_\_\_

Transfer Assistance:  Independent  1-Person Assist

2-Person Assist  Hoyer Lift

Other: \_\_\_\_\_

**Communication:**

Verbal Speech  Impaired Speech  No Speech

Sign Language  Communication Device/Book

Normal Hearing  Hearing Impaired  Deaf

Normal Sight  Vision Impaired  Legally Blind

Other: \_\_\_\_\_

**Behavior:**

Active  Sedentary  Excitable  Passive  Behaves  Rebellious  Participates  Cooperative  Stubborn

Quiet  Loud  In need of constant watching  Independent  Attention-Seeking  Story-Teller

Follows Directions: circle Yes / No  Needs Time to Process  Needs Reminders/Cues  Needs Physical Assistance

History of Aggression: circle Yes / No  Verbal  Physical against Peers/Staff  Self-Injurious  Other

**If this camper has a behavior support plan, please provide a copy for camp staff.**

What provokes or precedes the aggressive behavior? \_\_\_\_\_

What interventions correct the aggressive behavior? \_\_\_\_\_

Describe any fears the camper may have: \_\_\_\_\_

Describe the camper's personality on a typical day: \_\_\_\_\_

What assistance/prompts do you commonly give the camper: \_\_\_\_\_

History of inappropriate behavior to the opposite gender: \_\_\_\_\_

How does this camper act when upset or angry? \_\_\_\_\_

Goals/Objectives being worked on: \_\_\_\_\_

Other: \_\_\_\_\_

**Eating:**

- Eats Independently  Needs Assistance Eating  Feeding Tube: \_\_\_\_\_
- Whole Diet     1" Pieces     1/2" Pieces     1/4" Pieces     Ground     Puree     Meat Cut *Only*
- Liquids:  Thin     Nectar     Honey     Pudding
- Overeats  PICA  Uses Straw for Liquids  No Straws  May Take Food From Others  Needs Verbal Prompts
- Specialized Adaptive Equipment (**must be brought along with camper**): \_\_\_\_\_
- Food Restrictions: \_\_\_\_\_

Other: \_\_\_\_\_

**YES / NO (REQUIRED - CIRCLE ONE) OPWDD Food Modifications:**

Camper is an OPWDD Individual and their diet must conform to the OPWDD Food Regulations.

If Yes, Describe: \_\_\_\_\_

If Yes, Eating Strategies: \_\_\_\_\_

**Health:**

- Allergies: \_\_\_\_\_
- Obesity  Diabetes  Asthma  Blood Clotting Disorder  Seizures  Frequent UTI  Frequent Constipation
- Frequent Diarrhea  Recent Illness/Injury/Hospitalization: \_\_\_\_\_
- Allergy to Bee Stings or Insect Bites? Describe Reaction & Treatment: \_\_\_\_\_

Does this camper sunburn easily?  Yes  No If Yes, list restrictions: \_\_\_\_\_

Should this camper avoid exertion due to heart or other health concerns? \_\_\_\_\_

Describe additional health concerns that may hinder this camper's participation: \_\_\_\_\_

Other: \_\_\_\_\_

**Physical / Medical Information:**

Please enclose a completed medical/physical form with the Application/Registration Form.

**NOTE:** If you are unable to do so please state why and give **date that the physical is scheduled.**

Reason: \_\_\_\_\_ Date Scheduled: \_\_\_\_\_

**Swimming:** *Note: A Lifeguard is on duty at all times*

- Enjoys Water     Fears Water     Swims Independently     No Swimming
- Needs 1:1 Supervision in Water     Boats (Accompanied by Staff & Wearing Life Jacket at all times)
- Shallow End Swimming (0-4 feet deep)     Deep End Swimming (over 6 feet deep)
- Must wear life jacket in shallow end     Must wear life jacket in deep end

Other: \_\_\_\_\_

**Activity Restrictions:**

Please review the following camp activities and determine whether this camper may participate. Contact the camp office with any questions. All activities are closely supervised and modified to fit the camper's individual ability level.

- |                   |                              |                             |              |                              |                             |
|-------------------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| Adaptive Archery  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Basketball   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Volleyball        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nature Walks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kickball          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fishing      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hay Ride (No Hay) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bowling      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mini Golf         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bocce Ball   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pedal Carts       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9 Square     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other: \_\_\_\_\_

**CONTACT INFORMATION- Campers will not be admitted without completed emergency contact  
ALL INFORMATION BELOW NEEDS TO BE UPDATED AND RELEVANT AT CHECK-IN**

**Emergency Contact Person - 24-hour coverage - Person other than primary care provider who will be contacted in the event that the camper needs to be picked up early from camp:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Other names/numbers: \_\_\_\_\_

Is the primary care provider planning to be away during the camp sessions?

- No, the primary care provider will be the contact person during the camp session.
- Yes, and the PCP has informed the 24-hour contact person listed above that they will be on call and responsible.

**13. Permission/Medical Release/Authorization for Treatment  
(The following must be signed by custodial parent/guardian, care provider, or camper if self-guardian)**

**A.** I, as an individual, parent, guardian, or appointed representative of the individual, understand that Arrowhead Ministries, Inc., henceforth referred to as "AMI", takes reasonable efforts to operate and conduct activities in a safe and responsible manner. These recreational activities include but are not limited to those named in this registration packet. I understand that these activities and the actions or inactions of other program individuals involve certain inherent risks. I recognize these risks and agree to assume all liability for these risks by allowing the individual to attend AMI's camp and participate in such programs and activities. I hereby release, indemnify, and hold harmless AMI, its officers, agents, employees, and all others from all liability and damages for injury, illness, and or death sustained by the individual relating to or deriving in any way from participation in aforementioned programs and activities, whether arising from an act of omission to the fullest extent permitted by law.

**B.** I, as an individual, parent, guardian, or appointed representative of the individual, understand AMI generally provides supervision of the individual in a 5:1 individual to staff ratio for all programs and activities, unless 1:1 is specified.

**C.** I, as an individual, parent, guardian, or appointed representative of the individual, hereby certify that I will accept emergency care offered by AMI for injury or illness. I hereby acknowledge that the designated first aid person/hospital in charge may perform emergency care and I hereby grant permission to AMI to release any medical information required by said parties and do hereby give permission for treatment. I understand that medical care will be provided according to the standard set forth by the Commonwealth of Pennsylvania and said designated first aid person is protected under the Good Samaritan Act. I acknowledge that all medications will be administered by AMI's nurse and hereby consent to treatment for minor illnesses as deemed necessary. I hereby give my permission to the medical personnel selected by the camp staff to order x-rays, routine tests, treatment, and necessary transportation for the above named individual. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for the individual as named above.

**E.** I attest to the fact that the above named individual is free of any communicable disease prior to attending camp, or I have spoken with the Camp Nurse and Program Manager to ensure safety.

**F.** I, as an individual, parent, guardian, or appointed representative of the individual, hereby grant AMI permission to use any narratives, film, photographs, videotape, sound, and digital recording of any kind made by AMI of the aforementioned individual for the promotion of its programs and services in any publication or media outlet including website entries, without payment or any other consideration. I understand and agree that these materials will become the sole and exclusive property of AMI. I irrevocably authorize AMI and its agents to edit, alter, copy, exhibit, publish, distribute, or otherwise use any of aforementioned individual's likeness derived above for the purposes of publicizing Arrowhead's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product including written or electronic copy, wherein the individual's likeness appears. Additionally, I waive my right to royalties or other compensation arising or related to the use of any likeness. I hereby hold harmless and release and forever discharge AMI from all claims, demands, and causes of action which I, the aforementioned individual, heirs, representatives, executors, administrators, or any other persons acting on the individual's behalf or on the behalf of the individual's estate have or may have by reason of authorization.

**Signature:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

After review of the preceding information, the camp program manager will make a decision regarding acceptance into the camp program. **All necessary paperwork must be completed, signed, and submitted by May 14<sup>th</sup>.** If the camper is accepted, you will receive a confirmation letter, medicine administration form, and list of what to bring to camp. The primary care provider will be contacted if the camp program manager has any concerns regarding acceptance. The registration fee will be refunded if the camper is denied acceptance to the program.



2021 MEDICAL INFORMATION CARE PROVIDER'S FORM

Camper \_\_\_\_\_ Age \_\_\_\_\_  M  F DOB \_\_\_/\_\_\_/\_\_\_
Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent/ Guardian / Care Provider Name(s) \_\_\_\_\_
Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Your Medicare/Medicaid coverage or personal/family insurance would apply to all claims while at camp. However, the camp does provide Excess Medical Expense coverage.

Physician's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_
Preferred Hospital for Emergency Treatment \_\_\_\_\_

Medical History (Diagnosis List):

\_\_\_\_\_
\_\_\_\_\_

Diabetes:  Yes, camper has Diabetes Mellitus  No, camper does not have Diabetes Mellitus
If Yes: Frequency of Glucose Checks \_\_\_\_\_  Insulin Shots  Diet Management  Medication Management

Communicable Diseases:  Hep A  Hep B  Hep C  HIV  Not Applicable | Explain: \_\_\_\_\_

COVID-19 History:

Yes, camper has had COVID-19, if yes when: \_\_\_\_\_  No, camper has not had COVID-19
 Yes, camper has been vaccinated for COVID-19 Please provide a copy of proof of vaccination.

Symptoms: Please check which problem areas experienced frequently by the camper and how you treat these at home. (Example: Diarrhea give Pepto Bismol)

Table with 2 columns: Symptom, Remedies. Rows include Nausea, Diarrhea, Stomach-aches, Headaches, Constipation.

Allergies section with checkboxes for No Known Allergies and Known Allergies, followed by a blank line for details.

Medication:

Yes, the camper is regularly on medication. Please contact your camper's doctor regarding any meds, ointments, etc. that could be put on hold while at camp. A medication administration form will be sent with the confirmation letter which must be completed and submitted to camp in advance of your camp session.

Seizures:  Yes, camper experiences seizures (see below)  No, camper does not experience seizures

Please inform us on the following:

- Date of last seizure \_\_\_\_\_
- Frequency of seizures \_\_\_\_\_ / week or \_\_\_\_\_ /month
- Call 9-1-1 after seizures lasting \_\_\_\_\_ minutes
- Seizure presentation (what does a typical seizure look like) \_\_\_\_\_

\_\_\_\_\_

Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_



2021 MEDICAL INFORMATION  
ATTENDING PHYSICIAN'S FORM

Camper's Name \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Hospital associated with: \_\_\_\_\_

A current (**within 1 year of camp date**) health physical *may* be attached. \*Reverse side **must** be completed by Care Provider.

**General Physical Condition**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Lungs \_\_\_\_\_

Hypertension  Hypotension  Tachycardia  Bradycardia  Constipation

Date of last Tetanus shot \_\_\_\_\_ Is this camper subject to seizures?  No  Yes

Should the camper be restricted from any camp activities?  No  Yes, \_\_\_\_\_  
\_\_\_\_\_

**Medication**

Indicate the following:

- No prescription medication  Total support in receiving medication  
 Independent / Self-Medicating

**Mental Evaluation**

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

**Further Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**



## SUMMER 2021 POLICIES & PROCEDURES

For the safety of our campers and camp staff, we have made changes to our Policies & Procedures for Shepherds Camp Summer 2021. Please: 1) read through this document thoroughly, 2) explain these changes to your camper, and 3) sign off that you have read through the document and your camper has been made aware of the changes for summer 2021. If you have any questions about these changes please call the camp office at 570.663.2419.

### UPDATED POLICIES & PROCEDURES:

We are requiring all camp staff and campers to show proof of vaccination or a negative COVID-19 test result. We recommend getting your camper tested three to four days before coming to camp and highly encourage your camper to quarantine from the time of getting tested until coming to camp. If you will be getting your camper tested, please have a copy of the test result ready at check-in.

During your camper's stay, they will be assigned to a small camper group that will be rotating through the camp schedule together. They will stay in their group at all times. Close contact with other groups will be limited; only occurring when they are socially distanced from each other.

The daily camp schedule has been adjusted to provide time for sanitizing program areas & equipment and rotating from one activity to another. Our new daily schedule and enhanced precautions will allow us to continue providing all the classic camp activities.

Daily procedures for Meal Times, Medication Pass, and Restroom/Shower use have been changed to allow for social distancing and sanitizing.

For our general camp sessions (1:5 ratio), our staff to camper ratio has been increased to a 1:3 ratio. Additional support will also be provided for campers who need assistance with social distancing, mask-wearing, and hygiene. Please make sure to indicate if your camper needs assistance with this area on the camper registration form under the COVID PRECAUTIONS section.

All camp staff and campers will wear a mask unless they are 6' away from others.

Health screenings will be completed during check-in and twice a day for all campers and staff.

If a person becomes a presumed positive case while at camp, the person will be isolated in a designated area, with continued care and supervision, until they can be picked up by a parent or guardian. Appropriate personnel will be contacted of the presumed positive case.

***I have read or have been made aware of the UPDATED POLICIES & PROCEDURES for Shepherds Camp Summer 2021.***

Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If camper is unable to sign for themselves, please sign for them once they have been made aware of the changes to Shepherds Camp Summer 2021.