

EMPOWER. EDUCATE. ADVOCATE.  
**NORCAL**  
SERVICES FOR DEAF & HARD OF HEARING



# CAMP GRIZZLY

*22nd Annual Deaf and Hard of Hearing  
Summer Leadership Camp*

**DEADLINE : *Until filled or by June 1, 2023***

## **CAMPER APPLICATION**

(Youth ages 7-15)

***Date: July 30 - August 5, 2023***

**NorCal Services for Deaf & Hard of Hearing**

4044 N. Freeway Blvd., Sacramento, CA 95834

916-993-3048 VP \* 916-349-7500 TTY/Voice 916-349-7580 Fax

Campgrizzly@norcalcenter.org \* www.campgrizzly.org

# Camp Grizzly 2023

## Application and Tuition Info:

**\*Camp Tuition Rate - \$550.00** by May 1, 2023  
(after May 1, 2023 late tuition rate \$600 per applicant)

**NOTE: Please contact NorCal for more information on limited campership tuition assistance for first time low income Deaf campers.**

**HURRY!**

**Space is Limited!!**

**All completed applications with payment are accepted on a first come, first serve basis, until filled or by June 1, 2023.**

**Camp Grizzly dates for Campers is July 30 - August 5, 2023  
(Youth ages 7-15)**

### Refund Policy :

- Refund minus \$100 non-refundable fee by May 1st, 2023.
- No refund after May 1st, 2023. No exceptions.

.....  
To request an application, contact us or check our website:

## Camp Grizzly

NorCal Services for Deaf & Hard of Hearing  
4044 N. Freeway Blvd., Sacramento, CA 95834  
Sacramento, CA 95834

VP (916) 993-3048 \* V/TTY (916) 349-7500 \* Fax (916) 349-7580  
[www.campgrizzly.org](http://www.campgrizzly.org)  
[CampGrizzly@norcalcenter.org](mailto:CampGrizzly@norcalcenter.org)

# Camp Grizzly 2023

## Youth Leadership Camp Program

### Camp Grizzly

Camp Grizzly, sponsored by NorCal Services for Deaf & Hard of Hearing offers a week-long Youth Leadership program dedicated toward enriching the lives of America's Deaf, hard of hearing and Koda youth.

### NorCal Services for Deaf & Hard of Hearing

NorCal Services for Deaf & Hard of Hearing is a non-profit, community based organization founded on the belief that all Deaf and hard of hearing people can be empowered and educated to lead independent, fulfilling and productive lives when given equal access and opportunities.

Headquartered in Sacramento, NorCal has over 40 staff and 4 outreach offices throughout Northeastern California. For more information about NorCal, call (916) 349-7500 Voice or (916) 993-3048 VP or check our website at [www.campgrizzly.org](http://www.campgrizzly.org).

### Diversity Statement

Diversity, equity, and inclusion are part of NorCal Services for Deaf & Hard of Hearing overall mission and is integral to Camp Grizzly's achievement of excellence in the camp experience. Our commitment to diversity, equity and inclusion as demonstrated by our staff, the agency and board of directors align well with the philosophy "of, by, for the Deaf". Camp Grizzly is committed to ensuring every child attending the camp is given opportunities to excel, and their cultural, and religious practices will be respected.

### Camp Location

Camp Grizzly is located at Camp Lodestar an ACA approved camp and retreat facility in Wilseyville, California in Calaveras County, just an hour east of Jackson.



Arts & Crafts



Playground



Campfire



Basketball

### Transportation

Transportation to/from camp is the responsibility of parent/guardian. Camp Grizzly does not provide transportation.

Carpooling is suggested. Call for assistance if needed.

### Guest Speakers

Camper/CITs are provided with an opportunity to meet and interact with deaf, hard of hearing and CODA (child of deaf adult) role models.

### Outdoor Education

Camper/CITs acquire invaluable outdoor skills, including learning how to preserve and appreciate nature and wildlife, basic first aid, water safety and recreation/water sports activities.

### Rotation of Group Activities

Throughout the camp session, camp groups rotate among different activities.

### Recreation Activities:

Hands-on training and participation of recreational activities including swimming, archery, hiking, basketball, volleyball, kayaking, fishing, Frisbee golf, ropes course, and arts & rafts.

### Camp Olympics:

Camper/CITs and staff compete in the camp Olympics, utilizing their mastery of various skills. ALL campers and staff are recognized for their accomplishments - no matter how great or small. Everyone is a winner at Camp Grizzly!

### Group Sessions:

- Health and Safety
- Sign Language Fun
- Cultural Diversity
- Team Building

### Cultural Pride Meetings:

Camper/CITs participate in small group socials with other campers and adults of similar backgrounds to discuss Deaf heritage and culture as it relates to them.

### Team-building Activities:

Scavenger hunts, campfire skits, low and high ropes course and other outdoor team sports/activities.

### Awards Ceremony:

All campers/CIT's are recognized for their accomplishments while at Camp Grizzly!

### Camp Grizzly 2023 THEME is "Under the Sea"!!

Campers/CITs and staff will have an opportunity to make **theme** related crafts during the arts & crafts activity. On Friday night we will be "Movin' & Groovin'" to the beat of Camp Grizzly's AWESOME sound system. Campers cherish this last night of camp!

### After Camp is the Camper show for Families:

All campers/CIT's will perform skits, signing songs, etc. for families of Campers from 11am-12pm on the last day of camp (Saturday, August 5) after check-out at the outdoor stage area.

### \*Counselor-In-Training (CIT) Program:

Camp youth ages 16 – 18 will be mentored to become future camp counselors through Camp Grizzly's "Counselor-in-Training" program (CIT). CIT's are required to attend the CIT orientation held during the staff orientation on **July 29-30, 2023** at no extra cost. **Drop off and Pick up to/from camp is parents responsibility. Carpool upon request.** CIT Orientation includes information on roles and responsibility, problem solving techniques, safety, 1st Aid, communication and leadership training. During the week, CIT's will work with younger children supervised by Camp Grizzly counselors. CITs will participate in a group outing focused on teamwork building and environmental awareness and participate in all other activities as provided to campers during the week at Camp Grizzly.

### ADMISSION CRITERIA:

To qualify for admission, camper/CIT must:

- Be fluent or familiar with sign language
- Be between 7 and 18 years of age
- Be Deaf, Hard-of-hearing or Hearing with a deaf sibling or parent. Have the ability/maturity level to function independently and follow instruction in a rustic camp setting with a ratio of two counselors per 8-10 campers



### TO APPLY:

- Complete and sign entire application package
- Include all requested attachments:  
(Medical form signed by doctor can be sent separately and received by our office no later than July 1, 2023)
- Mail or drop off application **with** tuition payment to the NorCal office in Sacramento, CA.

**Tuition: \$550 per Camper/CIT by May 1st, 2023**  
**Late Tuition Rate \$600 after May 1st, 2023**

### TUITION INCLUDES:

- Three meals and one snack a day
- Lodging
- Camp Grizzly T-shirt
- Group Photo and Certificate
- All Activities



### DEADLINE:

- First Come, first served basis upon acceptance of completed applications, tuition fee and space availability.
- Late applications are accepted only if space is available (please call and check with us).

### TUITION ASSISTANCE PROGRAM (TAP):

Please note tuition is already set at a **reduced** rate thanks to our generous sponsors/donors. Additional financial assistance may be available depending on funding availability and family income verification. Contact our office directly for an application.

### MONTHLY PAYMENT PLAN:

#### **TO PARTICIPATE:**

- Camp Tuition is **\*\$550 by May 1st, 2023**
- **\$600 Late Tuition Rate after May 1st, 2023**  
**depending on available space**
- To start monthly payment please pay \$100 with application and any monthly amount w/final payment due no later than May 1st, 2023 to avoid late fee rate.

### REFUND POLICY:

- Refund is given except \$100.00 processing fee until May 1st, 2023
- No refunds after May 1st, 2023, No exceptions.

### MEDICAL SERVICES:

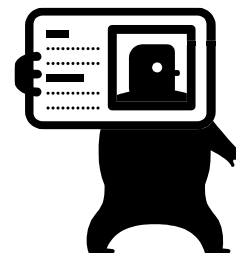
First aid and minor medical care are provided by RN and First Aid & CPR certified staff.

**ALL** emergency medical attention will be routed to a nearby medical center or hospital. (Parent/Guardian will be notified.)



### PLEASE NOTE:

- Camper/CITs medications must be kept and dispensed by the camp healthcare supervisor. **NO** medication is to be kept by individual campers.
- Prescription and OTC drugs **MUST** be in the original container with dosage instructions and the physician's name intact.
- Basic non-prescription, over-the-counter medications are available at camp.
- Proof of current health insurance is required. A photocopy of the front and back sides of the health insurance ID card and current immunization record **MUST** be submitted with the application.
- Campers/CITs will be checked for head lice and any type of contagious fungus (ie: ringworm, etc.), **cold/flu** like symptoms and abnormal temperature. Your child **will not** be admitted to camp with these conditions or any fever per Camp Health Policy and Healthcare Regulations and no refund will be given.



**For more information, please contact:**

**Camp Grizzly**  
**4044 N. Freeway Blvd.**  
**Sacramento, CA 95834**  
**(916) 993-3048 VP \* (916) 349-7500 TTY/V**  
**(916) 349-7580 FAX**  
**CampGrizzly@NorCalCenter.org**  
**www.campgrizzly.org**

**2023 CAMPER APPLICATION  
Deadline: First come first served!**

**Application Checklist:**

- \_\_\_ Camper Application
- \_\_\_ Physical Examination/History/ OTC Med form completed by physician (must be received no later than July 1, 2023).
- \_\_\_ Liability Release Agreement Form
- \_\_\_ Parent/Guardian & Camper Agreement Form
- \_\_\_ Medical Release Form
- \_\_\_ Copy of both sides of current Health Insurance and Immunization Card (**Required**)
- \_\_\_ If applicable, written instructions regarding Legal custody or foster care arrangements, i.e., visitation restrictions, authorization, pick-up/drop-off, etc.
- \_\_\_ Camp Tuition Fee or minimum non-refundable deposit \$100.00
- \_\_\_ Current **COLOR** Photograph (2.5 x 3 inches minimum) of camper. (*Required*)



**Important Note: Application package will be returned if incomplete, missing attachments, and no tuition/deposit paid.**

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**REFUND POLICY:**

- By May 1st, 2023, refund except \$100 processing fee
- No Refund after May 1st, 2023, no exceptions.



**TUITION: \*\$550 by May 1st, 2023**  
\*\$600 Late rate after May 1st, 2023

**PAYMENT OPTIONS:**

- \_\_\_ Payment plan (email reminders will be sent)
- \_\_\_ Check or Money Order payable to: **NorCal Services for Deaf and Hard of Hearing**
- \_\_\_ Credit Card (MasterCard or Visa only)
- \_\_\_ PayPal at [www.campgrizzly.org](http://www.campgrizzly.org)

MC [ ] or VISA [ ] # \_\_\_\_\_ CVV#: \_\_\_\_\_

Charge how much?: \$ \_\_\_\_\_      Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

# 2023 Camper Application (ages 7-15)

Child Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ VP/Voice CELL: \_\_\_\_\_ Text/Voice

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ (at time of camp)

Gender: [ ] Male [ ] Female

**COLOR**

Picture  
Required  
2.5 x 3 inches  
minimum

## INFORMATION ABOUT YOUR CHILD:

Prior camp experience? [ ] YES or [ ] NO WHERE?: \_\_\_\_\_

Prior Overnight experience? [ ] YES or [ ] NO Good: \_\_\_\_\_ Bad: \_\_\_\_\_

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Hobbies, interests and talents: \_\_\_\_\_

Benefits that you seek from this camp? \_\_\_\_\_

Any other pertinent information about your child? \_\_\_\_\_

Are there any cultural or religious practice your child to be honored or maintained at camp? If yes,  
Please state what they are here: \_\_\_\_\_

### Swimming ability: (circle one)

Non-swimmer Poor Average Excellent

### Sleeping habits? (circle one)

light sleeper heavy sleeper sleepwalks bed wetter

### Is your child able to follow directions and be safe?

\_\_\_\_\_ Yes \_\_\_\_\_ No

### Assistance needed to perform regular daily activities (i.e., bathing, feeding, dressing, toiletries, etc)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

### Ability to participate independently in all camp activities (i.e., swimming, archery, campfire, etc)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

### Type of reinforcement that works best ?

Praise Recognition Reward Special Privileges  
Other \_\_\_\_\_

**\*\* If Camper needs special accommodations,  
please call or email us. \*\***

### Primary Communication Mode: (circle all that apply)

ASL PSE SEE CUED ORAL

OTHER: \_\_\_\_\_

(Camper will be taught and encouraged to sign)

### Is your child: (circle one)

Deaf

HOH (Hard of hearing)

KODA (child with deaf/hard of hearing parents)

SODA (sibling of Deaf/hard of hearing family member)

### Child's T-shirt size: (circle one below)

**Youth:** Small Medium Large  
(6 - 8) (8 -10) (10 -12)

**Adult:** Small Medium Large

**Adult:** X-Large 2X-Large 3X-Large

# 2023 LIABILITY RELEASE FORM AND PARENT/GUARDIAN & CAMPER AGREEMENT FORM

## Permission to Participate

I understand and certify that my child's participation in the Camp Grizzly program is completely voluntary and I have familiarized myself with the camp's program including all activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Camp Grizzly program, particularly, but not limited to, the activities of swimming, kayaking, ropes course, archery and other outdoor activities.

I acknowledge that although NorCal Services for Deaf & Hard of Hearing has taken safety measures to minimize the risk of injury to camp participants, NorCal cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries.

I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for his/her own safety and the safety of other camp participants.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date



## Release of Claims

I understand that my child's participation in Camp Grizzly Program can expose my child to dangers, both from known and unanticipated risks.

Acknowledging that such risks exist, I hereby release and discharge NorCal Services for Deaf & Hard of Hearing its officers, agents, employees and volunteers from any and all claims or liability for personal injury or property damage that my child may suffer while participating in the Camp Grizzly program, including but not limited to, any claims arising out of any condition of the premises at which the program is held or the conduct of any person in connection with the preparation, supervision or conduct of any Camp Grizzly activity, whether planned or unplanned. I specifically agree to release and hereby release NorCal Services for Deaf & Hard of Hearing and the officers, agents, employees and volunteers for any negligence of the camp, or officers, agents, employees and volunteers.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

## Parent/Guardian & Camper Agreement

Camp can be exciting and adventurous. It can also be stressful, living with 8 - 10 people and being away from home. Camp Grizzly is concerned that care and attention is given to ALL campers as equally as possible. Staff will work to minimize discipline problems and handle them individually. Your support of our policies will promote camp safety and camp fun!

### The camper has read and agreed to abide the following camp policies:

- Be considerate of the safety and feelings of others.
- Use sign language at all times.
- Obey camp rules including prohibition of the possession of any illegal substance (drugs/alcohol), weapons, or other items deemed inappropriate by the Camp Manager. Willful and/or repeated disregard for camp rules, or possession of illegal substance, weapons or other inappropriate items and inappropriate behavior such as harassment, bullying, profanity, no touching of person and property will be grounds for possible immediate dismissal.
- Respect and care for campgrounds and property. In the event that camp property, or the property of others is damaged as a direct result of camper's behavior, the parent/guardian will pay for damages. Payment is due at the time that the camper is picked up.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

### The Parent/Guardian Agrees to the following:

I hereby certify that the application is true and correct to the best of my knowledge.

I hereby consent to this release of any photographs and videotapes taken of my child for use by NorCal Services for Deaf & Hard of Hearing/Camp Grizzly for publicity and fundraising purposes.

I agree to immediately pick up or arrange for pick up of my child upon notification of dismissal. I understand there will be no refund.

I agree to pay for any property damage sustained to the camp or another camper/staff caused by my child's behavior.

I agree to pay for any cost incurred for late pick-up on the last day of camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**2023 Camp Grizzly Youth Leadership Camp**  
**MEDICAL RELEASE FORM**  
**(To be completed by camper parent/guardian)**

Camp Grizzly personnel will make every effort to reach parents/guardians in the event of an emergency or need for outside professional medical care.

As necessary for my child (print full name) \_\_\_\_\_, I authorize Camp Grizzly personnel to:

- provide routine health care;
- administer medication including over the counter medication as necessary,
- order X-rays, routine tests, treatment,
- release any records necessary for insurance purposes;
- provide or arrange necessary related transportation for my child (at my expense).

If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp manager to:

- secure and administer proper treatment including hospitalization and/or
- order xrays, routine tests, injection, medications, anesthesia and/or surgery for my child as named above.

I understand that any medical expenses will be billed directly to my insurance carrier or me. I hereby release Camp Grizzly/NorCal Services for Deaf & Hard of Hearing and its officers, directors, employees, agents, and subcontractors, from any and all liability for bodily injury, cost of medical treatment, or any other injury incurred as a result of the administration of emergency treatment. This form may be photocopied for use outside of the camp, for the purposes describe herein.

List Allergies/Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*\* ALL address, phone number and insurance info must be filled out COMPLETELY \*\***

Child's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: [ ] Female [ ] Male

**EMERGENCY CONTACT INFORMATION:**

Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell or Text Phone: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ALTERNATE EMERGENCY NOTIFICATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**INSURANCE INFORMATION:**

Primary Insurance \_\_\_\_\_ MR#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insured \_\_\_\_\_ Child's Relationship to Insured: \_\_\_\_\_

Other Insurance \_\_\_\_\_ MR#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insured \_\_\_\_\_ Child's Relationship to Insured: \_\_\_\_\_

[ ] **NO Health insurance.**

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\* REMINDER: Provide copies of both sides of current Health Insurance Card. \*\***



**2023 Camp Grizzly Youth Leadership Camp  
PHYSICAL EXAMINATION, HISTORY & OTC MED FORMS**

**(Please Print):**

Full Name of Applicant: \_\_\_\_\_ Date of Exam: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

**GENERAL QUESTIONS ON HEALTH HISTORY:**

|   |          |         |                   |          |         |
|---|----------|---------|-------------------|----------|---------|
| Frequent Ear Infection                  | ____ Yes | ____ No | Asthma            | ____ Yes | ____ No |
| Cardiovascular Disorders                | ____ Yes | ____ No | Chicken Pox       | ____ Yes | ____ No |
| Epilepsy/Seizures                       | ____ Yes | ____ No | Measles           | ____ Yes | ____ No |
| Diabetes                                | ____ Yes | ____ No | Meningitis        | ____ Yes | ____ No |
| Bleeding Disorders                      | ____ Yes | ____ No | Autism/Asperger   | ____ Yes | ____ No |
| ADD/ADHD                                | ____ Yes | ____ No | Hepatitis (A,B,C) | ____ Yes | ____ No |
| Have a history of bed-wetting?          | ____ Yes | ____ No | Skin (Rash, etc.) | ____ Yes | ____ No |
| Ever had an eating disorder?            | ____ Yes | ____ No | Other: _____      |          |         |
| Have seen a mental health professional? | ____ Yes | ____ No |                   |          |         |

Please explain any "yes" answers above: \_\_\_\_\_

Ever had surgery ? If yes, provide dates: \_\_\_\_\_

Ever been hospitalized? Provide dates: \_\_\_\_\_

Loss of consciousness, convulsions or concussion? \_\_\_\_\_

Any recent injury, illness, or infectious diseases? \_\_\_\_\_

Please provide information about the child's behavior and physical/emotional well-being that would assist the camp: \_\_\_\_\_

**Does your child require a special diet?:** [  ] Vegetarian [  ] Vegan [  ] Religious/Cultural [  ] Diabetic [  ] Gluten Free

**Please describe:** \_\_\_\_\_

**ALLERGIES:** [  ] Food: \_\_\_\_\_ [  ] Drug: \_\_\_\_\_

Please describe the allergy reaction and management: \_\_\_\_\_

**MEDICATIONS:** Please list all medications to be continued while at camp. All medications are secured by and administered by the Camp Nurse only.

| Name of Prescription: | Dosage: | Specific times taken: | Reason: |
|-----------------------|---------|-----------------------|---------|
|                       |         |                       |         |
|                       |         |                       |         |
|                       |         |                       |         |

[  ] My child does not take regular medication

**IMMUNIZATION REPORT:** (Please record the specific date (month/year) of the first and most recent booster doses for Tetanus.)

|                               |                             |  |                       |
|-------------------------------|-----------------------------|--|-----------------------|
| Vaccine: Tetanus (DPT /TD/ T) | Date of first immunization: |  | Date of last booster: |
|-------------------------------|-----------------------------|--|-----------------------|

ARE ALL IMMUNIZATIONS CURRENT? \_\_\_\_ YES \_\_\_\_ NO \*\*\*\*YOU MUST ATTACH A COPY OF UPDATED IMMUNIZATION RECORD\*\*\*\*

\*\*\*NOTE: Your child will be checked for head lice and any type of contagious fungus (ie: ringworm, etc.) or fever. Your child will not be admitted to camp with these conditions per Camp Health Policy and Regulations and no refund will be given.

**To be completed by child's physician:**

I have examined the camp applicant named above. In my opinion, the applicant's current health condition does does not preclude his/her participation in an active camp program. The applicant is under my care for the following condition and/or treatment:

\_\_\_\_\_  
 Signature of Licensed Medical Personnel: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

## Over The Counter Meds Form

California State Law requires this form to be filled out by a licensed physician for our nurse to dispense over the counter non-prescription medication when needed.

Camper Name \_\_\_\_\_ Birth date \_\_\_\_\_ Weight \_\_\_\_\_

**Standard Over the Counter/PRN Medications** (meds available in the Health Center/First Aid Kit; to be administered at the discretion of an RN):

| Drug                             | Route                                  | Dosage    | Schedule  | Approved to Take (Circle) | Comments |
|----------------------------------|--|-----------|-----------|---------------------------|----------|
| Acetaminophen/<br>Tylenol        | PO (chewable tabs, elixir or tabs)     | Per Label | Per Label | YES / NO                  |          |
| Ibuprofen/ Advil                 | PO (chewable tabs, suspension or tabs) | Per Label | Per Label | YES / NO                  |          |
| Robitussin                       | PO (syrup)                             | Per Label | Per Label | YES / NO                  |          |
| Mylanta / Tums                   | PO (chewable tabs, elixir or tabs)     | Per Label | Per Label | YES / NO                  |          |
| Dramamine                        | PO (chewable tabs – 50 mg)             | Per Label | Per Label | YES / NO                  |          |
| Dimetapp                         | PO (elixir or tabs)                    | Per Label | Per Label | YES / NO                  |          |
| Benadryl                         | PO (chewable tabs, elixir or pills)    | Per Label | Per Label | YES / NO                  |          |
| Sudafed                          | PO (chewable tabs, elixir or pills)    | Per Label | Per Label | YES / NO                  |          |
| Zyrtec / Allegra /<br>Cetirizine | PO (chewable tabs, elixir or pills)    | Per Label | Per Label | YES / NO                  |          |
| Claritin /<br>Loratidine         | PO (syrup or tabs)                     | Per Label | Per Label | YES / NO                  |          |
| Mucinex DM /<br>Guaifenesin      | PO (syrup or tabs)                     | Per Label | Per Label | YES / NO                  |          |
| Miralax                          | PO (powder)                            | Per Label | Per Label | YES / NO                  |          |
| Metamucil                        | PO (pills, chewable tab or powder)     | Per Label | Per Label | YES / NO                  |          |
| Anbesol                          | PO (liquid)                            | Per Label | Per Label | YES / NO                  |          |
| Visine / Visine AC               | Optic drops                            | Per Label | Per Label | YES / NO                  |          |
| Mineral Ice                      | Topical                                | Per Label | Per Label | YES / NO                  |          |
| Triple antibiotic ointment       | Topical                                | Per Label | Per Label | YES / NO                  |          |
| Silvadene Cream                  | Topical                                | Per Label | Per Label | YES / NO                  |          |

Doctor's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Med Form Page 2

# 2023 Camp Grizzly

## Authorization To Drop off/Pick up child at Camp

Print Name of Child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give the following person(s) my permission to drop off or pick up my child from Camp Grizzly for any reason.

| Name(s): | Relationship: | Cell/Text Contact Info: |
|----------|---------------|-------------------------|
| 1. _____ | _____         | _____                   |
| 2. _____ | _____         | _____                   |
| 3. _____ | _____         | _____                   |
| 4. _____ | _____         | _____                   |
| 5. _____ | _____         | _____                   |

Your child will not be released to anyone other than to the authorized persons named above.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date signed: \_\_\_\_\_

Text/Cell #: \_\_\_\_\_