Annual Report: Little Lions Camp

State Submission Annual Reporting Period: **October 2016 - September 2017**
Little Lions Camp Period: **6/12/2017 - 8/18/2017**

**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](http://www.westharlemdc.org) for more information regarding the WHDC's process.

### 2017 Little Lions Camp Dates

<table>
<thead>
<tr>
<th>Dates</th>
<th>Location</th>
<th>Scholarship(s) Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: June 12 - 16</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>2</td>
</tr>
<tr>
<td>Session 2: June 19 - 23</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>4</td>
</tr>
<tr>
<td>Session 3: June 26 - 30</td>
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<td>7</td>
</tr>
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<td>Session 4: July 5 - 7</td>
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<td>3</td>
</tr>
<tr>
<td>Session 5: July 10 - 14</td>
<td>Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034</td>
<td>0</td>
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<td>Session 8: July 31 - August 4</td>
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<tr>
<td>Session 9: August 7 - 11</td>
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<td>1</td>
</tr>
<tr>
<td>Session 10: August 14 - 18</td>
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**TOTAL** 25

### 2017 Little Lions Camp Dates

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<tr>
<th>Name</th>
<th>Zip Code</th>
<th>Age</th>
<th>Sex</th>
<th>Grade</th>
<th>Weeks Registered</th>
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<td>1.</td>
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<td>5</td>
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<td>1*</td>
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<td>10027</td>
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<tr>
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<td>10030</td>
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**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 2017 Application
- Little Lions Camp 2017 Medical Form
- Little Lions Camp 2017 Asthma Form
- Little Lions Camp 2017 Departure/Release Form
- Little LionsCamp 2017 Swim Waiver
- Little Lions Camp 2017 Campers Code of Conduct
- Little Lions Camp 2017 Media Release Form

State Submission Date: October 16, 2017
© Columbia University
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:

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Please note: Transportation is available during Sessions 5 and 6 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 5, 2017.**
CAMP DIRECTOR
ANNE MARIE SKYLIS

Anne Marie Skylis is in her fourth year as the Director of Sports and Little Lions Camp (formerly Cubs Camp) and is excited to spend a sixth summer at Little Lions. Prior to her involvement at Little Lions Camp, she taught middle school science in Providence, Rhode Island, where she also received her teaching certificate in secondary science. She earned her B.A. from Columbia University, and is currently pursuing an MA in Applied Exercise Physiology.

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

ADDITIONAL STAFF

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

WHAT TO BRING

• Athletic Wear
  T-shirt, shorts, athletic shoes
  (No open-toed shoes allowed!)

• Labeled nut-free lunch (Refrigeration is available)

• Labeled water bottle

• Sunscreen

• Swimsuit, Towel, Goggles
  (while at Dodge Fitness Center)

• Inhalers, Epi-pens, Medication

MANDATORY FORMS & WAIVERS

• Health Form—must be within one year from camp

• Departure/Release Form

• Code of Conduct Waiver

• Swim Waiver— if swimming

• Bus Form—for campers using transportation to/from Baker Athletics Complex

CAMP PROGRAM:

Little Lions Camp (formerly known as Cubs Camp) is a day camp open to all children ages 6 through 12 located on Columbia University’s historic Morningside Heights campus. The camp offers athletics, arts & crafts, and team-building games in a collegiate setting over 10 weekly sessions. Campers will have access to Columbia’s top-notch Division 1 Athletic facilities and a competent and caring staff comprised of coaches, student-athletes, and teachers. The goal of Little Lions Camp is to provide a memorable sports summer camp experience while promoting teamwork, friendship, and self-confidence in a safe community. Campers are encouraged to work and play together and try new things.

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

SWIMMING

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

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

TENNIS

During session 5 and 6, 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.

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

Perec.Columbia.edu/littlelionscamp
CAMP AT DODGE PHYSICAL FITNESS CENTER

DATES:
- June 12-16
- June 26-30
- July 31-Aug 4

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

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

SAMPLE DAILY SCHEDULE: (subject to change)

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

CAMP AT THE BAKER ATHLETICS COMPLEX

DATES:
- July 10-14
- July 17-21

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

REGISTRATION ONLINE AT:
perec.columbia.edu/littlelionscamp

Tuition:

<table>
<thead>
<tr>
<th>Before May 1st</th>
<th>On or After May 1st</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week: $450</td>
<td>$475</td>
</tr>
<tr>
<td>2+ weeks: $420</td>
<td>$445</td>
</tr>
</tbody>
</table>

Session 4: July 5th - 7th (Wed. - Fri.)
- 1 week: $270
- 2+ weeks: $260

Post-Care: $125 per week or $30/day
Bus: $100 round trip, $50 one way

- Payment can be made by check or credit card (Visa or Mastercard) and payment is due in full at time of registration. Please make checks payable to Columbia University and include your child's name on all checks.
- Registration is available online at perec.columbia.edu/littlelionscamp
- Upon completion of the online registration process you will receive a confirmation email, which will include all the required forms and waivers that must be completed and returned. Campers will not be able to participate without all completed forms on file.

REFUNDS AND CANCELLATIONS:
In the event you request a cancellation, a $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 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 5 & 6 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 will 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.

DO NOT FORGET THE 2017 SPRING BREAK CAMP!
REGISTER ONLINE FOR THE MARCH 13-17 CAMP AT:
perec.columbia.edu/littlelionscamp
### TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

**Birth history (age 0-6 yrs)**
- [ ] Uncomplicated
- [ ] Premature: ______ weeks gestation
- [ ] Complicated by
- [ ] Allergies
- [ ] None
- [ ] Epi pen prescribed
- [ ] Drugs
- [ ] (list)
- [ ] Foods
- [ ] (list)
- [ ] Other
- [ ] (list)

**Nutrition**
- [ ] Breastfed
- [ ] Formula
- [ ] Both

**Screening Tests**
- [ ] Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)
- [ ] Vision

**Immunizations**
- [ ] Hep B
- [ ] Meningococcal
- [ ] Polio
- [ ] Varicella
- [ ] Hib
- [ ] Meningococcal
- [ ] Mumps
- [ ] Rubella
- [ ] Varicella
- [ ] Polio

**Allergies**
- [ ] Anaphylaxis
- [ ] Asthma
- [ ] Congenital heart disease
- [ ] Diabetes
- [ ] Epilepsy
- [ ] Cystic fibrosis
- [ ] Other (specify)

**Other**
- [ ] Addendum attached.

**Dietary Restrictions**
- [ ] None
- [ ] Yes (list below)

**Medications**
- [ ] Addendum attached.

**RECOMMENDATIONS**
- [ ] Full physical activity

**Address/Communication/Language**
- [ ] Social-Emotional or Mental Health Disorders
- [ ] Behavioral/Mental Health Disorders
- [ ] Developmental/Learning Disorders
- [ ] Speech, hearing, or visual impairment
- [ ] Hospitalization
- [ ] Surgery
- [ ] Orthopedic injury/disability

**Diagnoses/Problems**
- [ ] Asthma
- [ ] Epilepsy
- [ ] Diabetes
- [ ] Fetal alcohol syndrome
- [ ] Sensory impairment
- [ ] Neurological impairment
- [ ] Seizure disorder

** xorlist**
- [ ] Addendum attached.

**ADDENDUM**
- [ ] Addendum attached.

**REVIEWER:**

**IMMUNIZATIONS – DATES**

**ASSESSMENT**
- [ ] Well Child (200.129)
- [ ] Diagnoses/Problems (list)

**RECOMMENDATIONS**
- [ ] Full physical activity

**ADDRESS/COMMUNICATION/LANGUAGE**
- [ ] Social-Emotional or Mental Health Disorders
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### Health Care Practitioner

**LAST NAME**

**FIRST NAME**

**Address**

**Tel.** (___-___)-___-___

**Fax.** (___-___)-___-___

**NYS License # (Required)**

**Medicaid#**

**NPI #**

### In Office of School Health (OSH) Only

- **Date** __/__/__

**Revisions per OSH after consultation with prescribing practitioner.**

**IEP**

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

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**Health Care Practitioner**

(Please Print)

**School (include name, number, address and borough)**

**DOE District**

**Grade**

**Class**

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**Specify (Recommended for Persistent Asthma, per NAEPP Guidelines)**

**Inhaled corticosteroid (ICS):**

- **Strength**

**Other:**

- **Strength**

**Specify Name(s) of medication**

- **MDI with spacer**

- **DPI**

**Select the most appropriate option for this student:**

- **Nurse-Dependent Student: nurse must administer medication**

- **Supervised Student: student self-administers, under adult supervision**

- **Independent Student: student is self-carry / self-administer:**

- __at __

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**Assessment Questionnaire (Y = Yes; N = No; U = Unknown)**

**Diagnosis**

| History of near-death asthma requiring mechanical ventilation | Y | N | U |
| History of life-threatening asthma (e.g., with loss of consciousness or with hypoxic seizure) | Y | N | U |
| Received oral steroids within past 12 months: ___ times | Y | N | U |
| Date last oral steroids received: ___ ___ / ___ ___ / ___ ___ | Y | N | U |
| History of food allergy, eczema, specify ______________ | Y | N | U |

**Select Asthma Severity and Control**

| Intermittent | Mild Persistent | Moderate Persistent | Severe Persistent |
| Y | N | U |

**History of asthma-related:**

- **History of asthma-related:**

| PICU admissions (ever) | Y | N | U |
| ER visits within past 12 months: ___ times | Y | N | U |
| Hospitalizations within past 12 months: ___ times | Y | N | U |

**Other:**

- **Inhalers:**

| DPI | N | U |

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**Select In School ASTHMA Medications**

**Standard Order:**

- **Give 2 inhalations q 4 hours PRN for coughing, wheezing, tightness in chest, difficulty breathing or shortness of breath (“Asthma Flare Symptoms”).**

- **Monitor for 20 minutes or until symptom-free. If not symptom-free after 20 minutes may repeat ONCE OR if in Respiratory distress*: call 911 and give 6 inhalations; then may repeat 6 inhalations q 20 minutes until EMS arrives.**

- **Pre-exercise:** give 2 inhalations 15–20 minutes before exercise.

- **URI symptoms or recent asthma flare (within 5 days):** give 2 inhalations @ noon for 5 days.

**Special Instructions:**

**Select the most appropriate option for this student:**

- **Nurse-Dependent Student: nurse must administer medication**

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

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**HOME Medications (include over-the-counter)**

**In School Instructions**

- **Standard Order:**

- **Give 2 inhalations q 4 hours PRN for coughing, wheezing, tightness in chest, difficulty breathing or shortness of breath (“Asthma Flare Symptoms”).**

- **Monitor for 20 minutes or until symptom-free. If not symptom-free after 20 minutes may repeat ONCE OR if in Respiratory distress*: call 911 and give 6 inhalations; then may repeat 6 inhalations q 20 minutes until EMS arrives.**

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**Special Instructions:**

---

**In Office of School Health (OSH) Only**

**Revisions per OSH after consultation with prescribing practitioner.**

**IEP**

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

---

**INCOMPLETE PRACTITIONER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS**
PARENT/GUARDIAN'S CONSENT

I hereby consent to the storage and administration of medication, as well as the storage and use of necessary equipment to administer medication, in accordance with the instructions of my child's health care practitioner. I understand that I must provide the school with the medication and equipment necessary to administer medication, including non-Ventolin inhalers. Medication is to be provided in a properly labeled original container from the pharmacy (another such container should be obtained by me for my child's use outside of school); the label on the prescription medication must include the name of the student, name and telephone number of the pharmacy, licensed prescriber's name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other directions; over the counter medications and drug samples must be in the manufacturer's original container, with the student's name affixed to that container. I understand that if all provided medication must be supplied in its original and UNOPENED medication box. I further understand that I must immediately advise the school nurse of any change in the prescription or instructions stated above.

I understand that no student will be allowed to carry or self-administer controlled substances.

I understand that this consent is only valid until the end of a New York City Department of Education ("DOE") sponsored summer instruction program session; or such time that I deliver to the school nurse a new prescription or instructions issued by my child's health care practitioner (whichever is earlier). By submitting this MAF, I am requesting that my child be provided specific health services by DOE and the New York City Department of Health and Mental Hygiene (DOHMH) through the Office of School Health (OSH). I understand that these services may include a clinical assessment and a physical examination by an OSH health care practitioner. Full and complete instructions regarding the above-requested health service(s) are included in this MAF. I understand that OSH and their agents, and employees involved in the provision of the above-requested health service(s) are relying on the accuracy of the information provided in this form.

I understand that 30 days before the above-mentioned MAF expiration date, an OSH health care practitioner may examine my child to evaluate his/her asthma symptoms and my child’s response to the prescribed medication, and may issue a new MAF. If the OSH health care practitioner determines that no changes to the orders in the MAF are necessary, the OSH health care practitioner may issue a new MAF with the same orders to expire in one year unless my child’s health care practitioner provides a new MAF. If an OSH health care practitioner determines based on an examination of my child and pertinent medical history that the orders in the MAF should be changed, the OSH health care practitioner may issue a new MAF with different orders. I, along with my child’s health care practitioner of record, will be notified of the issuance of new MAF and of any change in the MAF orders. I further understand that I will have until 30 days before the expiration date of this MAF to submit a new MAF, or to object to this examination in writing, to the school nurse. If I do not submit a new MAF to the school nurse, or notify the school nurse in writing that I object to my child being examined by an OSH health care practitioner, by this deadline, my child may be examined and a new MAF may be issued.

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

I understand that OSH and DOE and their employees and agents, may contact, consult with and obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care practitioner and/or pharmacist that has provided medical or health services to my child.

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

I hereby certify that my child has been fully instructed and is capable of self-administration of the prescribed medication. I further consent to my child's carrying, storage and self-administration of the above-prescribed medication in school. I acknowledge that I am responsible for providing my child such medication in containers labeled as described above, for any and all monitoring of my child's use of such medication, and for any and all consequences of my child's use of such medication in school. I understand that the school nurse will confirm my child's ability to self-carry and self-administer in a responsible manner. In addition, I agree to provide "back up" medication in a clearly labeled container to be kept in the medical room in the event my child does not have sufficient medication to self-administer.

I consent to the school nurse storing and/or administering to my child such medication in the event that my child is temporarily incapable of self-storage and self-administration of such medication.

I hereby certify that I have consulted with my child's health care practitioner and that I consent to the Office of School Health administering stock Ventolin in the event that my child's asthma prescription medication is unavailable.

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

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<tr>
<th>Parent/Guardian's Signature</th>
<th>Print Parent/Guardian's Name</th>
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<td>Date Signed</td>
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<td>Parent/Guardian's Address</td>
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<td>Telephone Numbers: Daytime (<em><strong>) (</strong></em>) (<em><strong>) (</strong></em>) (<em><strong>) (</strong></em>) Home (<em><strong>) (</strong></em>) (<em><strong>) (</strong></em>) (<em><strong>) (</strong></em>) Cell Phone* (<em><strong>) (</strong></em>) (<em><strong>) (</strong></em>) (<em><strong>) (</strong></em>)</td>
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<td>Parent/Guardian e-mail address*</td>
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<td>Alternate Emergency Contact's Name</td>
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<td>Self-Administers/Self-Carries: Yes No</td>
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<td></td>
<td>Services provided by: Nurse OSH Public Health Advisor School Based Health Center</td>
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<tr>
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<td>Signature and Title (RN OR MD/DO/NP):</td>
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</tbody>
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Confidential information should not be sent by e-mail.
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______
Little Lions Camp Departure/Release Form

“We/I hereby request you accept camper’s application for enrollment in the 2016 Summer Little Lions 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 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:_____________________