Annual Report: Cubs Camps

State Submission Annual Reporting Period: October 2015 - September 2016

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

<table>
<thead>
<tr>
<th>Dates</th>
<th>Location</th>
<th>Scholarship(s) Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: June 13 - 17</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
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</tr>
<tr>
<td>Session 2: June 20 - 24</td>
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<tr>
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<tr>
<td>Session 4: July 5 - 8</td>
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<td>1</td>
</tr>
<tr>
<td>Session 5: July 11 - 15</td>
<td>Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034</td>
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<tr>
<td>Session 6: July 18 - 22</td>
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<tr>
<td>Session 7: July 25 - 29</td>
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<tr>
<td>Session 8: August 1 - 5</td>
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<tr>
<td>Session 9: August 8 - 12</td>
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<td>Session 10: August 15 - 19</td>
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TOTAL 25

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<thead>
<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>K</td>
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<td>2**</td>
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<td>3</td>
<td>August 8 - 12</td>
<td>1*</td>
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</table>

TOTAL 25

Each Cubs 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

- Cubs Camp 2016 Application
- Cubs Camp 2016 Medical Form
- Cubs Camp 2016 Asthma Form
- Cubs Camp 2016 Departure/Release Form
- Cubs Camp 2016 Swim Waiver
- Cubs Camp 2016 Camper Code of Conduct
- Cubs Camp 2016 Media Release Form
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 Roar-ee’s Cubs Summer 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:

| Cubs Camp at Dodge Physical Fitness Center |  
|------------------------------------------|------------------------------------------|
| □ Session 1: June 13-17                  | □ Session 2: June 20-24                  |
| □ Session 3: June 27-July 1              | □ Session 4: July 5-July 8               |
| □ Session 7: July 25-29                  | □ Session 8: August 1-5                  |
| □ Session 9: August 8-12                 | □ Session 10: August 15-19               |

Please note: Sessions 3 and 6 are subject to limited availability due to high registration numbers for those weeks.

| Cubs Camp at Baker Athletic Complex      |  
|------------------------------------------|------------------------------------------|
| □ Session 5: July 11-15                  | □ Session 6: July 18-22                  |

Please note: Transportation is available during Sessions 4 and 5 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 6, 2016.
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 comprised 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 5 and 6, 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 is in her third year as the Director of Sports and Camps and is excited to spend a fifth summer at Cubs Camp. 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 there she 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 Varsity 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 & 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.
Camp at Dodge Physical Fitness Center

- Dates:
  - June 13-17
  - June 20-24
  - June 27-July 1
  - July 5-8
  - July 25-29
  - Aug 1-5
  - Aug 8-12
  - Aug 15-19

- Time:
  - 9:00 am - 3:00 pm

Sample Daily Schedule:

9:00 am Morning Welcome and Warm-up
10:15 am Sports Session #1
1:45 pm Lunch
1:00 pm Sports Session #2
1:45 pm Snack, Arts and Crafts or Project Period
3:00 pm Dismissal

Camp at the Baker Athletics Complex

- Dates:
  - July 11-15
  - July 18-22

- Time:
  - 9:00 am - 3:00 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:

9:00 am Morning Welcome and Warm-up
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

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.
• Pre-Registration is required if communicable 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:

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!

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3:00 pm Dismissal

Don’t forget the 2016 Spring Break Cubs Camp!
Register online for the March 14-18, 2016 camp at www.dodgefitnesscenter.com/cubscamp
**CHILD & ADOLESCENT HEALTH EXAMINATION FORM**

**NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE** — DEPARTMENT OF EDUCATION

**STUDENT ID NUMBER**

**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

- City/Borough ____________________________ State ____________________________ Zip Code _______

- School/Center/Camp Name ____________________________ District ________

- Phone Numbers Home ________

Health insurance [ ] Yes [ ] No [ ] Parent/Guardian Last Name __________________________ _ First Name __________________________

- Early Intervention ____________

Health Care Provider Signature ____________________________ Date Done ____________

- Fax (_____) ________-______ ____________

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

If “yes” to any item, please explain (attach addendum, if needed)

**BIRTH HISTORY** *(age 0-6 yrs)*

- Complicated ___

- Premature: ________ weeks gestation

- Allergies [ ] None [ ] Epi pen prescribed

- Drugs (list) ____________________________

- Foods (list) ____________________________

- Other (list) ____________________________

- General Appearance:

  - Head Abnormality ____________________________

- Describe abnormalities:

<table>
<thead>
<tr>
<th>SCREENING TESTS</th>
<th>Date Done</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>(age 0-3 yrs)</td>
<td>______________ / __________</td>
</tr>
<tr>
<td>Blood Lead Level (BLL)</td>
<td>______________ / __________</td>
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<tr>
<td>Blood Lead Level (BLL)</td>
<td>______________ / __________</td>
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**IMMUNIZATIONS - DATES**

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<td>Rotavirus</td>
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<td>Hib</td>
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<tr>
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</table>

**RECOMMENDATIONS**

- Full physical activity [ ]

- Full diet [ ]

- Other: ____________________________

- Follow-up Needed [ ]

- Yes, for ____________________________ Appt. date: __ / __ / ________

- Referral(s): [ ] None [ ] Early Intervention [ ] Special Education [ ] Dental [ ] Vision [ ] Other

- Health Care Provider Signature ____________________________ Date ________

**ASSESSMENT**

- Well Child (V20.2) [ ]

- Diagnoses/Problems (list) ____________________________

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<tr>
<th>TYPE OF EXAM</th>
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<th>Comments</th>
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<tbody>
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**DOHMH ONLY**

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<tr>
<th>PROVIDER I.D.</th>
<th>I.D. NUMBER</th>
<th>REVIEWER:</th>
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<tbody>
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</tbody>
</table>

**COPYRIGHT**

- White: School/Child Care/Early Intervention/Camp

- Canary: Health Care Provider

- Pink: Parent/Guardian

CH-205 (5/08)
### MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH

**Authorization for Administration of Medication to Students for School Year 2015–2016**

**Diagnosis**
- □ Asthma
- Other:

#### Select Asthma Severity and Control
- Severity: □ Intermittent □ Mild Persistent □ Moderate Persistent □ Severe Persistent

#### Student Asthma Risk Assessment Questionnaire (Y = Yes; N = No; U = Unknown)
- History of near-death asthma requiring mechanical ventilation: □ Y □ N □ U
- History of life-threatening asthma (e.g. with loss of consciousness or with hypoxic seizure): □ Y □ N □ U
- Received oral steroids within past 12 months: ___ times
- Date last oral steroids received: ___ / ___ / ___
- History of food allergy, eczema, specify: □ Y □ N □ U

#### Select In School ASTHMA Medications

#### In School Instructions
- □ Standard order:
  - Q4 hrs PRN for coughing, wheezing, tightness in chest, difficulty breathing or shortness of breath (ASTHMA FLARE SYMPTOMS). **Follow instructions below:**
  - Administer 2 puffs; may repeat in 20 minutes **ONCE**
  - If no improvement, call EMS and give 6 puffs every 20 minutes until EMS arrives
- □ Pre-exercise: Give 2 puffs 15-20 minutes before exercise.
- □ URI symptoms or recent asthma flare: (within 3-5 days):
  - Administer 2 puffs @ noon for 5 days.

#### 1. Rescue Medications
- Stock supply only available for Ventolin® (see back)
- **Choose ONLY one:**
  - □ Ventolin® provided by school for shared usage (plus individual spacer).
  - □ Albuterol (with spacer, to be provided by parent).
  - □ May substitute stock Ventolin® **
  - □ ______________________________ (with spacer, to be provided by parent).
- Other: □ May substitute stock Ventolin® **

#### 2. Controller Medications for In-School Administration
(Recommended for Persistent Asthma, per NAEP Guidelines)
- **Choose ONLY one and specify name of medication:**
  - □ Inhaled corticosteroid (ICS) : _____________® with spacer
  - □ ICS combined with long-acting beta agonist: _____________® with spacer

#### Choose all options that are appropriate:
- □ Student may carry medication & may self-administer. **
- □ Store medication in medical room & student to self-administer with supervision**
- □ Store medication in medical room and nurse to administer.
- **PARENTS MUST INITIAL REVERSE SIDE**

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

<table>
<thead>
<tr>
<th>Health Care Practitioner</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>Signature</th>
<th>The CDC and AAP strongly recommend annual influenza vaccination for all children diagnosed with asthma.</th>
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<td>Cell* (_____)  _____- _____</td>
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<tr>
<td>NYS License # (Required)</td>
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**INCOMPLETE PROVIDER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS**

Confidential information should not be sent by e-mail.
**DEPARTMENT OF EDUCATION**

**OFFICE OF SCHOOL HEALTH**

**MEDICATION ADMINISTRATION FORM**

**Authorization for Administration of Medication to Students for School Year 2015–2016**

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of birth</th>
<th>School</th>
</tr>
</thead>
</table>

**PARENT/GUARDIAN’S CONSENT AND AUTHORIZATION**

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 UNOPENED medication box. I further understand that I must immediately advise the school nurse and the principal and/or his/her designee(s) 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 30, 2016 (This prescription may be extended through August if the student is attending a New York City Department of Education (“DOE”) sponsored summer instruction program); or (2) such time that I deliver to the school nurse and the principal and/or his/her designee(s) 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 DOE 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 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. 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 OSH, DOE and their agents are not responsible for any adverse reaction to this medication.

I recognize that this form is not an agreement by OSH and DOE 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 OSH and DOE 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 OSH and DOE, their agents and employees; including the school nurse, principal, his/her designee(s), 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. 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 also authorize the school nurse, the principal, and/or his/her designee(s) to store and 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.

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**Parent/Guardian’s Signature**

<table>
<thead>
<tr>
<th>Date Signed</th>
<th>Parent/Guardian’s Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ / __ __ / __ __ __ __</td>
<td>__________________________</td>
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</table>

**Telephone Numbers:**

Daytime ( __ __ __ ) __ __ __ - __ __ __ __ | Home ( __ __ __ ) __ __ __ - __ __ __ __ | Cell Phone* ( __ __ __ ) __ __ __ - __ __ __ __

**Parent/Guardian e-mail address**

**Alternate Emergency Contact’s Name**

**Contact Telephone Number** ( __ __ __ ) __ __ __ - __ __ __ __

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**DO NOT WRITE BELOW – FOR DOE AND DOHMH ONLY**

Received by: Name Date __ __ / __ __ / __ __ __ __

Reviewed by: Name Date __ __ / __ __ / __ __ __ __

Self-Administers/Self-Carries: ☐ Yes ☐ No Services provided by: ☐ Nurse ☐ DOHMH Public Health Advisor ☐ School Based Health Center ☐ DOE School Staff

Signature and Title (RN OR MD):
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 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): __________________________________________
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 2016 Summer 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.

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 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:________________________