Annual Report: Little Lions Camp

State Submission Annual Reporting Period: **October 2017 - September 2018**

**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.

### 2018 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 11 - 15</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>2</td>
</tr>
<tr>
<td>Session 2: June 18 - 22</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>2</td>
</tr>
<tr>
<td>Session 3: June 25 - 29</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>3</td>
</tr>
<tr>
<td>Session 4: July 2,3,5,6</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>0</td>
</tr>
<tr>
<td>Session 5: July 9 - 13</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>8</td>
</tr>
<tr>
<td>Session 6: July 16 - 20</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>5</td>
</tr>
<tr>
<td>Session 7: July 23 - 27</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>1</td>
</tr>
<tr>
<td>Session 8: July 30 - August 3</td>
<td>Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034</td>
<td>0</td>
</tr>
<tr>
<td>Session 9: August 6 - 10</td>
<td>Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034</td>
<td>0</td>
</tr>
<tr>
<td>Session 10: August 13 - 17</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>4</td>
</tr>
</tbody>
</table>

**TOTAL** 25

### 2018 Little Lions Camp Dates

<table>
<thead>
<tr>
<th>Name</th>
<th>Zip Code</th>
<th>Age</th>
<th>Sex</th>
<th>Grade</th>
<th>Weeks Registered</th>
<th>Scholarship(s) Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>10031</td>
<td>11</td>
<td>F</td>
<td>6</td>
<td>June 25 - 29; August 13 - 17</td>
<td>2**</td>
</tr>
<tr>
<td>2.</td>
<td>10027</td>
<td>11</td>
<td>M</td>
<td>6</td>
<td>June 11 - 15; June 18 - 22</td>
<td>2**</td>
</tr>
<tr>
<td>3.</td>
<td>10027</td>
<td>11</td>
<td>F</td>
<td>6</td>
<td>July 9 - 13; July 16 - 20</td>
<td>2**</td>
</tr>
<tr>
<td>4.</td>
<td>10027</td>
<td>10</td>
<td>F</td>
<td>5</td>
<td>July 16 - 20; July 23 - 27</td>
<td>2**</td>
</tr>
<tr>
<td>5.</td>
<td>10027</td>
<td>10</td>
<td>F</td>
<td>6</td>
<td>June 25 - 29</td>
<td>1*</td>
</tr>
<tr>
<td>6.</td>
<td>10031</td>
<td>6</td>
<td>M</td>
<td>1</td>
<td>July 9 - 13; July 16 - 20</td>
<td>2**</td>
</tr>
<tr>
<td>7.</td>
<td>10031</td>
<td>11</td>
<td>F</td>
<td>6</td>
<td>July 9 - 13</td>
<td>1*</td>
</tr>
<tr>
<td>8.</td>
<td>10031</td>
<td>10</td>
<td>M</td>
<td>5</td>
<td>July 9 - 13</td>
<td>1*</td>
</tr>
<tr>
<td>9.</td>
<td>10027</td>
<td>9</td>
<td>F</td>
<td>4</td>
<td>July 9 - 13; July 16 - 20</td>
<td>2**</td>
</tr>
<tr>
<td>10.</td>
<td>10026</td>
<td>8</td>
<td>M</td>
<td>3</td>
<td>June 18 - 22; August 13 - 17</td>
<td>2**</td>
</tr>
<tr>
<td>11.</td>
<td>10027</td>
<td>6</td>
<td>F</td>
<td>1</td>
<td>July 9 - 13; July 16 - 20</td>
<td>2**</td>
</tr>
<tr>
<td>12.</td>
<td>10027</td>
<td>6</td>
<td>M</td>
<td>1</td>
<td>June 25 - 29</td>
<td>1*</td>
</tr>
<tr>
<td>13.</td>
<td>10031</td>
<td>10</td>
<td>F</td>
<td>5</td>
<td>July 9 - 13</td>
<td>1*</td>
</tr>
<tr>
<td>14.</td>
<td>10031</td>
<td>7</td>
<td>F</td>
<td>2</td>
<td>July 9 - 13</td>
<td>1*</td>
</tr>
<tr>
<td>15.</td>
<td>10031</td>
<td>8</td>
<td>F</td>
<td>2</td>
<td>June 11 - 15</td>
<td>1*</td>
</tr>
<tr>
<td>16.</td>
<td>10031</td>
<td>10</td>
<td>F</td>
<td>5</td>
<td>August 13 - 17</td>
<td>1*</td>
</tr>
<tr>
<td>17.</td>
<td>10031</td>
<td>6</td>
<td>M</td>
<td>K</td>
<td>August 13 - 17</td>
<td>1*</td>
</tr>
</tbody>
</table>

**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 2018 Application
- Little Lions Camp 2018 Medical Form
- Little Lions Camp 2018 Asthma Form
- Little Lions Camp 2018 Departure/Release Form
- Little Lions Camp 2018 Swim Waiver
- Little Lions Camp 2018 Camper Code of Conduct
- Little Lions Camp 2018 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 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:

<table>
<thead>
<tr>
<th>Little Lions Camp at Dodge Physical Fitness Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Session 1: June 11-15</td>
</tr>
<tr>
<td>☐ Session 2: June 18-22</td>
</tr>
<tr>
<td>☐ Session 3: June 25-29</td>
</tr>
<tr>
<td>☐ Session 4: July 2,3,5,6</td>
</tr>
<tr>
<td>☐ Session 5: July 9-13</td>
</tr>
<tr>
<td>☐ Session 6: July 16–20</td>
</tr>
<tr>
<td>☐ Session 7: July 23-27</td>
</tr>
<tr>
<td>☐ Session 10: August 13-17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Little Lions Camp at Baker Athletics Complex</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Session 8: July 30- August 3</td>
</tr>
<tr>
<td>☐ Session 9: August 6-10</td>
</tr>
</tbody>
</table>

Please note: Transportation is available during Sessions 8 and 9 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](http://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 4, 2018.**
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

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

Mandatory forms and waivers can be downloaded from perec.columbia.edu/littlelionscamp. Please scan to camps@columbia.edu or fax 212-854-7397 required paperwork before camp date. All current forms must be on file for camp participation.
**TUITION:**

<table>
<thead>
<tr>
<th>Before May 1st</th>
<th>On or After May 1st</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week: $455</td>
<td>$480</td>
</tr>
<tr>
<td>2+ weeks: $425</td>
<td>$450</td>
</tr>
</tbody>
</table>

Session 4: July 2nd, 3rd, 5th, 6th

- 1 week: $365
- 2+ weeks: $335

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 perrec.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 $125 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:**

Take 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 8 & 9 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:**

Camper ages 6-9 will be in the Cubs group and 9-12 year olds will be in the Lions group. Camper ages 6-9 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 may move campers into a different group to balance the camper to counselor ratio. Campers will not be able to move into another group without the approval of the Camp Director.

**SAMPLE DAILY SCHEDULE:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>Morning Welcome and Warm-up</td>
</tr>
<tr>
<td>9:30 am</td>
<td>Sports Session #1</td>
</tr>
<tr>
<td>10:15 am</td>
<td>Recreational Swimming</td>
</tr>
<tr>
<td>11:00 am</td>
<td>Sports Session #2</td>
</tr>
<tr>
<td>11:45 am</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:30 pm</td>
<td>Outdoor Activities (Weather Permitting)</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Sports Session #3</td>
</tr>
<tr>
<td>1:45 pm</td>
<td>Snack, Arts and Crafts or Project Period</td>
</tr>
<tr>
<td>3:00 pm</td>
<td>Dismissal</td>
</tr>
</tbody>
</table>

**Camp at Dodge Physical Fitness Center**

**DATES:**

- June 11-15
- June 18-22
- June 25-29
- July 2, 3, 5, 6
- July 9-13
- July 23-27
- August 13-17

**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!

**Camp at the Baker Athletics Complex**

**DATES:**

- July 30-Aug 3
- August 6-10

**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 get for post-care during the weeks at the Baker Athletics Complex.

**Sample Daily Schedule:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>Morning Welcome and Warm-up</td>
</tr>
<tr>
<td>9:30 am</td>
<td>Sports Session #1</td>
</tr>
<tr>
<td>10:15 am</td>
<td>Tennis</td>
</tr>
<tr>
<td>11:00 am</td>
<td>Athletic Competitions</td>
</tr>
<tr>
<td>11:45 am</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:30 pm</td>
<td>Sports Session #2</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Sports Session #3</td>
</tr>
<tr>
<td>1:45 pm</td>
<td>Snack, Arts and Crafts or Project Period</td>
</tr>
<tr>
<td>3:00 pm</td>
<td>Dismissal</td>
</tr>
</tbody>
</table>

**Tuition:**

- $40/day (subject to change)
- $30/day
- $25/day
- $20/day
- $15/day
- $10/day
- $5/day

**Refunds and Cancellations:**

In the event you request a cancellation, a $125 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 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 8 & 9 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:**

Camper ages 6-9 will be in the Cubs group and 9-12 year olds will be in the Lions group. Camper ages 6-9 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 may move campers into a different group to balance the camper to counselor ratio. Campers will not be able to move into another group without the approval of the Camp Director.

**Sample Daily Schedule:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>Morning Welcome and Warm-up</td>
</tr>
<tr>
<td>9:30 am</td>
<td>Sports Session #1</td>
</tr>
<tr>
<td>10:15 am</td>
<td>Recreational Swimming</td>
</tr>
<tr>
<td>11:00 am</td>
<td>Sports Session #2</td>
</tr>
<tr>
<td>11:45 am</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:30 pm</td>
<td>Outdoor Activities (Weather Permitting)</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Sports Session #3</td>
</tr>
<tr>
<td>1:45 pm</td>
<td>Snack, Arts and Crafts or Project Period</td>
</tr>
<tr>
<td>3:00 pm</td>
<td>Dismissal</td>
</tr>
</tbody>
</table>
### Immunizations – Dates

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date 1</th>
<th>Date 2</th>
<th>Date 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Assessment

- **Well Child (200.129)**
- Diagnoses/Problems (list)

**ICD-10 Code**

**Recommendations**

- Full physical activity
- Restrictions (specify)

**Follow-up Needed**

- No
- Yes, for ___________________________

**Referral(s):**

- None
- Early Intervention
- EI
- IP
- Dental
- Vision

**Health Care Practitioner Signature**

**Date Form Completed**

---

**Forms Completion:**

**Print Clearly**

**NYC ID (OSIS)**

---

**Comments:**

**Date Reviewed:**

**I.D. NUMBER**

---

**Reviewer:**

**Form ID#**
**ASTHMA**

**MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH**

Authorization for Administration of Medication to Students for School Year 2016–2017

<table>
<thead>
<tr>
<th>Attach Student Photo Here</th>
<th>Student Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Date of birth</th>
<th>Sex</th>
<th>OSIS #</th>
</tr>
</thead>
</table>

School (include name, number, address and borough)

Doe District | Grade | Class

---

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

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Select Asthma Severity and Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Asthma</td>
<td>Severity: □ Intermittent</td>
</tr>
<tr>
<td>Other:</td>
<td>Control: □ Well-controlled</td>
</tr>
</tbody>
</table>

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

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

Select In School ASTHMA Medications

1. Quick Relief Medications
   - Choose ONLY one:
     - □ Albuterol [Ventolin® can be provided by school for shared usage (plus individual spacer); see back]
     - □ MDI with spacer
     - □ DPI
   - □ Other Medication Order:
     - Name: ______ Dose: ______ Route: ______ Time interval: q __ __ ___ hrs

Instructions:

2. Controller Medications for In-School Administration
   (Recommended for Persistent Asthma, per NAEPP Guidelines)

SPECIFY Name(s) of medication

- □ Inhaled corticosteroid (ICS): ____________________________ Strength _________
  - □ MDI with spacer
  - □ DPI
- □ Other: ____________________________ Strength _________
  - Dose: ______ Route: ______ Time interval: q _______

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:**
  - I attest student demonstrated the ability to self-administer the prescribed medication effectively for school/field trips/school-sponsored events: ____________________________

** PARENT MUST INITIAL REVERSE SIDE

** FOR OFFICE OF SCHOOL HEALTH (OSH) ONLY

Revisions per OSH after consultation with prescribing practitioner.

| □ IEP |

**Respiratory Distress:** includes breathlessness at rest, tachypnea, cyanosis, pallor, hunching forward, nasal flaring, accessory respiratory muscle use, abdominal breathing, shallow rapid breathing, talking in words, wheezing throughout expiration and inspiration or decreased or absent breath sounds, agitation, drowsiness, confusion or exceptionally quiet appearance.

** HEALTH CARE PRACTITIONER**

(Please Print)

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>Signature</th>
<th>Date</th>
<th>Grade</th>
</tr>
</thead>
</table>

Address

Tel. (___ ___) ___- ___ ___

Fax. (___ ___) ___- ___ ___

NYS License # (Required) ____________________ Medicaid: ____________________ NPI #: ____________

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

INCOMPLETE PRACTITIONER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS

Confidential information should not be sent by e-mail.

Rev 5/16
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, storing 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, 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.
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 ____________
You agree and acknowledge that neither The Trustees of Columbia University in the City of New York (the "University"), nor any of its present or former trustees, officers and employees ("agents or employees"), shall have responsibility for any loss, injury, or damage including, but not limited to, any personal injury, death, or property damage, and you hereby expressly waive all rights, claims, causes of action, and the like of any nature whatsoever which you or your heirs or legal representatives may have against the University or any of its agents or employees in connection with your participation in said activity. By signing this Liability Waiver, you acknowledge that your child's participation in this activity is completely voluntary and at your own risk. You agree and promise to indemnify, defend, and hold harmless the University, including all of its agents and employees, as a result of any injuries, damage, illness, or death in connection with your child's participation in Little Lions Camp. You 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:________