



L.E.A.D.E.R.s

Camp

We are excited to welcome you to this year's Law Enforcement And Developing Emergency Responder's Camp! This year we are looking forward to you learning about Defensive Tactics, Drill & Ceremony, First Responder Skills and much more!

All the information you will need for L.E.A.D.E.R.s Camp is included in the packet:

- Camper Q & A Sheet
- Packing List
- **Medical & Release Form**
- **Over-the-counter Medication Form**
- **Disclosure and Assumption of Risk Waiver**
- **Camper Pick-up form**

Please attach in an email or bring the **bolded forms** listed above **AND** a copy of your child's **Immunization record** either before, or on the first morning of camp. These items are required for your child to able to attend camp.

Email address: **CampEdge@RanchHope.org**

We look forward to seeing you here at Camp!

Camper Q & A



Here are the answers to some of the questions you might be asking:

- What time should I arrive at and be picked up from Camp?
 - Please arrive at 8:50am and arrange to be picked up at 4pm.
- What do I wear to camp?
 - Please wear comfortable, sturdy shoes like sneakers - not flip flops! We will be running around, climbing, and practicing drill. Please wear shorts or pants and your camp t-shirt (you will be issued your shirt at registration). **ON THURSDAY** we will be doing an obstacle course and will get dirty - **Please wear grubby clothes you don't mind getting dirty!**
- What do I receive for registering?
 - A week of camp, a free T-shirt, lunch, snacks, program certificate, and a ton of fun!
- What about meals and drinks at camp?
 - We will be serving lunch everyday. **Please make us aware of dietary restrictions.** There will be water supplied throughout the day. Campers are also welcome to bring their own water bottles labeled with your name.
- How can parents contact campers during camp?
 - If you would like to reach campers during camp please contact the Camp office at (856) 279-2519. We will relay messages, or contact your child for you. **Please DO NOT send cell phones to camp!**
- How will the camp contact parents if needed?
 - We will telephone the primary and emergency contacts provided at registration.
- What happens if I need to take medication at camp?
 - Our nurse will take responsibility for any medication designated on the medical form and sent to camp. Medications will be held in the medical Office in a locked cabinet. Staff will distribute medications as directed. Medication will be held for 3 days after the end of camp, If not returned/picked up in that time frame it will be discarded.
- What if a parent misses pick up time?
 - Pick up time is 4pm. Please make every effort to be on time.

Packing List



What should I bring to camp everyday?

- Full tummy! Running around in the sun burns up energy, eat before you come and drink lots of water while you are here!
- Smiling face
- Positive Attitude
- Excitement!
- Sturdy, closed-toed shoes that I can wear while running, climbing, and jumping
- Shorts or Pants
- Camp T-shirt (issued on first day of camp)
- Bathing suit and towel, goggles, etc
- Bug Spray
- Sun Screen
- Any needed medications

By the first morning of camp please return to registration:

- **Signed Medical form**
- **Over-the-counter Medication Form**
- **Signed Waiver**
- **Camper Pick-up Form**
- **A copy of your child's immunization record**
- **Any remaining registration fee**

Please **DO NOT** bring to camp:

- Cell phones, radios, I pods, tablets, or other electronics.
- Any valuable or expensive clothes or belongings and that could get dirty or lost. Camp Edge is NOT responsible for lost or stolen items.
- Weapons or inappropriate materials of any kind.

General Schedule

Opening Exercises 9:00am

Police Training Small Group Rotations

Lunch and Free Time

Large Group Sessions

Special Projects
(Different Every Day)

Physical Training

Free Swim

Dismissal 4:00pm



Medical & Release Form



General Information

Student name _____

Age (@ start of camp) _____ Sex _____

Parent or Guardian _____ Home Phone () _____

Address _____ Work Phone () _____

City _____ State _____ Zip _____

Email _____

Second Parent or Guardian _____ Work Phone () _____

If above are not available in emergency, notify: _____

Return to:
PO Box 325
Alloway, NJ 08001

Health History

Physical Conditions & Diseases * Check all that apply

		Allergies	
		Source	Reaction
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Diabetes	Food	_____
<input type="checkbox"/> Heart Defects/Disease	<input type="checkbox"/> Hypertension	Animals	_____
<input type="checkbox"/> Convulsions /Epilepsy	<input type="checkbox"/> Mononucleosis	Hay fever	_____
<input type="checkbox"/> HIV Positive	<input type="checkbox"/> Asthma	Insect stings	_____
<input type="checkbox"/> Behavioral _____	<input type="checkbox"/> Hepatitis	Medications	_____
<input type="checkbox"/> Mental Conditions	<input type="checkbox"/> Other _____		

**Please elaborate on the back of this form, any of the above physical conditions, diseases or allergies:

Health Care

Physician's Name _____ Phone Number () _____

Dentist's / Orthodontist's Name _____ Phone Number () _____

Date of last health exam: _____ (Doctor's visit is required within 24 months of Camp Edge attendance)

Is the student currently under a physician's care for any injury or illness? Explain:

Are there conditions that will restrict the student's involvement in any Camp Edge activities? Explain:

Are there any dietary concerns of which Camp Edge should be made aware? Explain:

List the Medications to be given by your child's teacher while at Camp Edge

Medication _____ Dosage _____ What Time to take _____

Medication _____ Dosage _____ What Time to take _____

**All Medications must be in their original container with original label.
Immunization Records Needed.**

Camp Edge

Permission for over the counter medications

Name: _____ Date of Birth: _____

Allergies: _____ Date: _____

*Guardians: Please check each medication which may be given as needed during the camp session and cross out any which may **not** be given. Camp Health Director will receive notification of each medication administered within 24 hours (or at first business day after administration.)*

- Acetaminophen 325mg:** 2 tablets every 4 hours as needed for pain or fever. Max daily: 12 tabs (contact provider if needed >24 hours). Possible side effects: drowsiness, nausea, vomiting, abdominal pain, rash.
- Ibuprofen 200mg:** 1-2 tablets every 4 hours as needed for fever, aches, and/or muscular pain. Max dose: 6 tabs (contact provider if needed >24 hours). Possible side effects: heartburn, upset stomach, stomach pain.
- Benadryl 25mg:** 1-2 capsules every 4-6 hours as needed for minor allergy symptoms. Max daily dose 6 caps. Possible side effects: nervousness, dizziness sleeplessness, marked drowsiness.
- Eye Wash:** Use as needed for irritation, allergies or minor foreign body removal. Possible side effects: redness, burning of eyes. Max daily usage: 3 times, contact healthcare professional if not relieved after 3 uses.
- Antacid (Tums):** 2-4 tablets chewed after meals and at bedtime as needed for indigestion and heartburn. Max daily dose: 3 treatments. Possible side effects: Belching and rectal flatus (gas).
- Menthol cough drops:** Take as needed. Max daily dose: 8 drops. Possible side effects: persistent cough.
- Triple antibiotic ointment (bacitracin, Neomyein, and Polymixin):** Apply to minor cuts, scrapes, or burns 1-3 times daily to prevent infection, if no allergy present. (external use) Max daily use: 3 treatments. Possible side effects: rash, itching of skin, stinging, burning, skin reaction.
- Calamine lotion:** Apply to skin to relieve itching caused by insect bites, poison ivy, and minor skin irritations. To be used as often as needed (no maximum daily use). For external use only. Discontinue if burning or lotion-caused rash develops. Should not be applied to blistered, raw or oozing areas of the skin. Possible side effects: rash, itching of skin, stinging, burning, skin reaction.
- Loratadine 10mg:** Take one tab by mouth daily as needed for allergy symptoms (running nose, itchy watery eyes, congestion, sneezing) Max daily dose: 1 tab.
- Bismuth Subsalicylate (Pepto Bismol):** Take as needed for diarrhea, 2 tablespoons per dose, not to exceed 16 tablespoons in 24 hr.

The above mentioned over-the-counter medications should be used as directed in the treatment of minor symptoms. Should the symptoms be severe, persist, or worsen after utilizing the above-mentioned medications, the patient should be seen by the nurse or physician for further evaluation.

Where specific name-brand medication is mentioned in the above list of over-the-counter-medication orders, a different name-brand may be substituted if it is basically the same medication to be used for the same purpose.

Signature of Guardian: _____ Date: _____



Disclosure and Assumption of Risk

Programs conducted with Camp Edge/Ranch Hope, Inc., include a variety of activities, some of which are physical in nature. The level of participation in any activity is completely up to each individual participant AT ALL TIMES.

Ranch Hope Inc. / Camp Edge is committed to SAFETY FIRST, however, there are risks, which must be assumed by each participant that he or she may suffer an emotional or physical injury. As a result, we must ask you to read the following statement and sign your name in the space provided if you choose to participate in the program activities.

“I understand that parts of this program may involve physical activity and that I have the choice in deciding my level of participation and I assume responsibility for my choices.

I have completed the medical information section on the reverse side (or attached) of this document and have not omitted disclosure of any condition that bears upon my fitness to participate in activities. It is my understanding that my medical information is strictly confidential and will only be reviewed by Ranch Hope Inc. / Camp Edge personnel.

I give Ranch Hope, Inc., Camp Edge permission to transport myself or my child to a local hospital or call Emergency Medical Services in event of an emergency or when in need of medical attention.

I will not hold Ranch Hope, Inc./Camp Edge, State of New Jersey Department of Environmental Protection and all other sponsors responsible from any charge, claim, or cause of action brought against them as a result of injury to the participant.”

I also give permission for any photos or video taping of myself or my child, be used or reproduced for us by Ranch Hope or Camp Edge for advertising purposes.

Date

Participant's Name (please print)

Signature (if under 18, parent or guardian must sign)

Camp Edge is located at
26 Camp Edge Road
Alloway, NJ 08001

Camper Pick-up



The following adults are allowed to pick up my child from
camp.

My child: _____

Contact #1: _____

Contact #2: _____

Contact #3: _____

Parent/Guardian Name: _____

Signature: _____

When picking up and dropping off your child please drive along the loop behind the buildings. When picking up, give your name and your camper's name to staff and they will escort your camper to you, then you can sign the camper out. Please be advised that **ANYONE** picking up a camper will be asked to show photo ID. Campers will only be released to those listed on this form unless we receive a directive from parents otherwise. If there is anyone in particular who is NOT permitted to pick up your child, please notify staff.