

Camper Application Part 2

This document contains the following forms that must be read and completed before your child's application to camp will be accepted:



To be read and signed by the Parent/Guardian and Camper:

- Burn Camp Rules
- Code of Conduct
- Anti-Bullying Policy
- Parent/Guardian and Camper Disciplinary Contract
- Forbidden Items
- Special Activities Waiver
- Authorization for Administration of Medication

To be filled out by your Doctor:

- Health Exam Record
- Health History
- Physician's Report (also requires Parent/Guardian signature)

These forms must be completed and mailed, emailed, or faxed back to us to complete your application.

Connecticut Burns Care Foundation

601 Boston Post Road
Milford, CT 06460

tel. 203-878-6744

fax. 203-878-4044

cbcf@ctburnsfoundation.org

**If we do not receive the remainder of these forms,
your child will not be able to attend Camp.**



BURN CAMP RULES

Please read this with your child. This section must be signed by both the Parent/Guardian AND the Camper before the camper will be permitted to attend the Burn Camp.

- Be fair and courteous to everyone (including counselors) while at Burn Camp and respect others and their property.
- No name-calling. This includes racial, sexual orientation, and religious belief slurs. No making fun of anyone else's burns, scars, or deformities.
- No fighting, punching, slapping, yelling, or screaming at ANYONE. No biting, scratching, or any form of brawling. No foul language or cursing of any kind. In other words: NO INAPPROPRIATE BEHAVIOR! No inappropriate sexual behavior including gestures, talk, and public displays of affection.
- No phone calls without the permission of the Camp Director. No using the loud-speaker system – this is intended for adult counselors only.
- No food or drink of any kind permitted in rooms. There will be a daily check of bunks for these items. Rooms are to be kept neat with clothes put away. There will be a daily check of rooms.
- Sleeping quarters are out of bounds during the day except as permitted by the counselor on duty.
- No entering the rooms of others. No males in female rooms, no females in male rooms. No loitering outside anyone's room.
- If you are sick and cannot participate in any activity, the Medical Director or Camp Director are the only ones permitted to excuse you from an activity. Thereafter, you must remain in your bunk or the medical room until you are well.
- Campers must practice appropriate personal hygiene, including taking showers, brushing teeth, brushing hair, and washing hands before meals.
- During meals, waiters are the only ones who should be standing or walking around. All others remain seated until excused.
- No one ever leaves Burn Camp alone or with another camper. No camper is ever to be left alone with a counselor.
- No one in water boats without an adult counselor present. No one in any boat without life preserver on, and only with the permission of the Waterfront Director and/or Boating Instructor.
- All medications to be turned over to the Medical Director upon arrival at Burn Camp. No one is permitted to have any medication on their person, such as Tylenol, Advil, aspirin, or related items. Asthma or any other such medication must be reported to the Medical Director.
- No one is permitted in the Medical Room unless being treated.
- Absolutely no one is permitted use of walkie-talkies. They are very expensive and are intended for use by counselors ONLY.
- Camp is not responsible for lost, stolen, or broken items or articles of clothing.
- CBCF shall not be responsible for your child once Burn Camp has ended. It is the responsibility of the parent or guardian to provide transportation home.

Please sign below if you have read and agree to the above terms and conditions of the Burn Camp Rules:

Printed Name of Camper: _____

Signature of Camper: _____

Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



Camper Code of Conduct Contract

At the Arthur C. Luf Children's Burn Camp, we are dedicated to providing an excellent and safe one-week summer camp experience for our campers. To accomplish this goal, campers are expected to behave appropriately and promote a safe, fun, and healthy environment. Our goal is to promote character values of caring, honesty, respect, and responsibility in all aspects of our camp programs. We ask that all campers and parents/guardians read this code together before arriving at camp.

As a camper, I will: **RESPECT:**

- Be respectful, cooperative and will contribute positively to the experience of fellow campers.
- Be careful and considerate that my actions will not hurt another camper's feelings or hurt them physically, either intentionally or accidentally.
- Show respect to the camp staff and cooperate fully with their instructions. Always follow directions.
- Respect the rights and beliefs of others and treat others with courtesy and consideration.
- Respect the property of others.

PERSONAL SPACE AND PROPERTY

- Be respectful of all camp property and equipment/supplies.
- Never mark, deface, or destroy camp or personal property.

BEHAVIOR

- Conduct myself responsibly. I understand that horseplay, inappropriate touching, unwelcome teasing/bullying, or any unkind behavior is not allowed and will not be tolerated.
- Communicate in an appropriate manner, which means I will not use foul language, gestures, or harsh words. I will not raise my voice or use verbal threats of any kind.
- Refrain from deliberately causing bodily harm to the campers or staff. I understand that pushing, kicking, hitting, or fighting are not acceptable behavior. This behavior will not be tolerated and will be grounds for suspension/dismissal from the camp program.

SAFETY

- Campers must have a pair of closed toe shoes at camp. Campers may also bring and wear water shoes during Aquatic Activities.
- Campers need to pay attention to their surroundings and use care in all activities.
- Campers will adhere to all safety rules and regulations given for each activity that he/she participates in while at camp.

(continued next page)



Camper Code of Conduct Contract *(Continued)*

GENERAL

- Campers are expected to wear appropriate clothing to camp each day. Appropriate clothing entails no extremely short, tight or low-cut clothing. Girls must wear a one-piece or a modest two-piece, bathing suit.
- Campers must inform the camp staff if they are experiencing a problem with another camper or other issues. If a staff member is not informed about a problem, they cannot assist the camper or stop the problem.
- We expect all campers to have **FUN**, but not at the expense of others.
- Campers are encouraged to participate in activities to the best of their ability.
- Violation of the Code of Conduct can be grounds for disciplinary actions including but not limited to automatic suspension/dismissal.
- Weapons, look-alike weapons, or objects that may be used to threaten, intimidate, or harm others or to damage property may not be brought to camp. No illegal substances, vapes, vaping products, tobacco use, lighters or matches are allowed in this camp.
- Cell phones are not permitted. In an event of an emergency use of your cell phone will only be approved by the Camp Director or/designee. Cell phones and all other electronics will be collected at the start of camp and returned on the last day of camp. If you need to get into contact with your child, please contact the CBCF office: (203) 878-6744. The office staff will coordinate with the Camp Director or designee to assist you in contacting your child.

Please sign below if you have read and agree to the above terms and conditions of the Camper Code of Conduct:

Printed Name of Camper: _____

Signature of Camper: _____

Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



CBCF/Arthur C. Luf Children's Burn Camp Anti-Bullying Policy

At the Arthur C. Luf Children's Burn Camp, bullying is inexcusable and unacceptable.

We have a firm policy against all types of bullying. Each camper is expected to treat all other campers with respect, and to help each other achieve the best possible experience.

If a camper has difficulty meeting this expectation, parents may be called upon to assist or be informed that their child is being sent home. Our leadership addresses all incidents of bullying seriously and trains staff to promote communication with their staff and their campers.

We work together as a team to ensure that campers gain self-confidence, make new friends, and go home with a positive camp experience.

The CBCF Arthur C. Luf Children's Burn Camps Anti-Bullying Policy is as follows:

The physical and emotional safety of campers and staff are central to our camp and vital to its overall mission. As such, we take issues of bullying, harassment and violence very seriously.

We define bullying (not limited to) as when one or more people maliciously exclude, tease, taunt, gossip, gang up, hit, kick, or put down another.

Our leadership will investigate any and all allegations of bullying, and trains our staff to promote positive communication, so campers can feel comfortable voicing their concerns to the staff.

If it is determined your child is involved in a bullying incident in our camp, our disciplinary policy (*described in the next form*) will be enforced. This may result in the parent/guardian being called, your child being spoken to and warned, to being dismissed from camp.

Please sign below if you have read and agree to the above Anti-Bullying Policy:

Printed Name of Camper: _____

Signature of Camper: _____

Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



Parent/Guardian/Camper Disciplinary Contract

The policy of the Arthur C Luf Burn Camp is to provide a safe, and fun atmosphere for all campers. Please take the time to read through and discuss this contract on proper behavior and character conduct with your child/camper. It is important that your child/camper understands and knows this policy before they attend our camp. After reviewing, please have your child and you sign where indicated and return this form with your application package.

Disciplinary Policy:

If an incident occurs while in transit to, in or after camp where a camper conducts himself/herself in a manner that jeopardizes their safety, or the safety of others and/or is involved in any activity(s), which is not conducive to this camp's policies and code of conduct our disciplinary policy will be initiated.

The Arthur C. Luf Children's Burn Camp's Disciplinary Policy is structured as a progressive policy, which uses increasing steps or measures, to try and correct a camper's behavior, after being given a reasonable opportunity to do so.

Progressive Discipline Policy

- Step 1: Counseling and verbal warning.
- Step 2: Written warning.
- Step 3: Dismissal from Camp.

In the event your child is involved in any incident which will require disciplinary action to be taken the parent(s)/Guardian will be contacted, to explain the first incident and to help correct this behavior, and to determine if there is a medical reason why this occurred.

Circumstances for Immediate Termination: (Not Limited to)

Based on the severity of the incident, the State of Connecticut, local law enforcement and/or emergency services will be notified immediately.

- **Physical Violence**
- **Sexual or Other Harassment**
- **Inappropriate Behavior/Language-** A parent or emergency contact will be called to pick up their child immediately.
- **Bullying-** A parent or emergency contact will be called to pick up their child immediately.
- **Use or in possession of illicit substances**

(continued next page)



Parent/Guardian/Camper Disciplinary Contract (Continued)

Upon arrival at camp your child's luggage/bags will be searched. If it is suspected that your child may have an item on their possession and does not willingly give to the staff during this search, we reserve the right to search his/her person to ensure any banned/illegal item is not missed and allowed into camp. Our search will be conducted by two staff members and a member of our medical team. All of the same sex as your child. At no time will staff members place hands on your child. They will ask your child to; lift their shirt, empty their pockets, take their shoes and socks off (if necessary) If it is suspected the item(s) are located between their pants and underwear, or underwear and skin, your child will be asked to loosen their pants and will ask your child to remove the item. This is necessary, so we can ensure no items are there. If any item is found that violates our policy, you will be contacted for discussion which can lead to immediate dismissal.

Please do not hesitate to contact the Camp Director or Human Resource Director if you have questions or concerns. The Arthur C Luf Children's Burn Camp reserves the right, based on the severity of the incident to immediately dismiss a camper from camp.

I have read and understand The Arthur C Luf Children's Burn Camp policies, procedures, rules and consequences. I understand that by signing this contract I am obligated to follow the policies and procedures outlined in the Summer Camp Handbook.

Please sign below if you have read and agree to the above terms and conditions of the Disciplinary Contract:

Printed Name of Camper: _____

Signature of Camper: _____

Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



FORBIDDEN ITEMS AT BURN CAMP

- All electronic devices, including, but not limited to: cameras, laptops, iPods, cell phones, iPhones, any type of smartwatch, any type of communication device, radios, tape, or CD players, electronic or video games, and related items. These items, if brought to camp, will be confiscated, and held by us until the end of Camp and will then be returned to you.
- Cigarettes, lighters, matches, vapes, and vape products, incense, fireworks, and related items.
- Anything of value not related to camping which can be lost or stolen. All items of value must be registered with the Camp Director to prove ownership.

SPECIAL NOTE IN REGARD TO THE ABOVE:

All campers' luggage/bags will be inspected upon arrival at Camp. This is to ensure that all campers comply with the policies outlines in this application. This also includes any items not listed on our forbidden items list which we deem to be inappropriate, disruptive, dangerous, or illegal.

Please sign below if you have read and agree to the above terms and conditions regarding Forbidden Items:

Printed Name of Camper: _____

Signature of Camper: _____

Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



SPECIAL ACTIVITY WAIVER FOR CAMPERS – 2025

I, _____ (Parent or Guardian's Printed Name)

give permission for _____ (Child's Printed Name)

to attend the following selected special activities events during the 2025 Arthur C. Luf Children's Burn Camp:

___ **Lake Compounce Amusement & Water Park** – 185 Enterprise Dr., Bristol, CT 06010

___ **The Serenity Ranch** – 164 Kimball Rd., Lisbon, CT 06351

I understand that these events will be highly supervised by members of The Arthur C. Luf Children's Burn Camp staff.

I am also aware that if I do not sign this waiver, my child will not be allowed to participate in the selected activity/ies.

Verbal permission will not be accepted.

Signature of Parent/Guardian: _____

Date: _____



NOTICE:

If your child is on any type of medication, which would also include non-prescription medication, the State of Connecticut requires the Authorization for the Administration of Medication by Youth Camp Personnel Form be filled out for each medication.

The following form provides the medication description and the appropriate written authorization needed to our Youth Camp Personnel before it is administered to the camper.

Without this form, the required medication/s for the camper cannot be given.

It is important that **a separate signed form** is filled out for **each individual medication.**



Authorization for the Administration of Medication by School, Child Care, and Youth Personnel

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Hmoes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parent/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ___/___/___ Today's Date ___/___/___

Address of Child/Student _____ Town _____

Medication Name/Generic Name of Drug _____ Controlled Drug? YES NO

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration _____

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, frequency _____

Medication shall be administered: Start Date: ___/___/___ End Date: ___/___/___

Relevant Side Effects of Medication _____ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs _____

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date ___/___/___

School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

- I request that medication be administered to my child/student as described and directed above.
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of the medication (school only).
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects (For child care only).

Parent/Guardian Signature _____ Relationship _____ Date ___/___/___

Parent/Guardian Address _____ Town _____ State _____

Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: YES NO _____
Signature _____ Date _____

Parent/Guardian authorization for self-administration: YES NO _____
Signature _____ Date _____

School nurse, if applicable, approval for self-administration: YES NO _____
Signature _____ Date _____

Today's Date _____ Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)



**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPER AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

- Camper
- Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Date of Exam ____/____/____

May participate in all camp activities YES NO

May participate except for: _____

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? YES NO

If yes, please explain _____

Are there any prescription or over the counter medication(s) this individual needs to take while at camp? YES NO

If yes, indicate names of medication(s): _____

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs? YES NO

If yes, please explain _____

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes? YES NO

Additional Comments: _____

Printed Name of Health Care Provider: _____

Address: _____ Phone: _____

Signature of Physician, PA, APRN or RN _____ Date Form Signed: _____



**THIS SECTION IS TO BE COMPLETED AND SIGNED BY A LICENSED M.D.
PRIOR TO CAMPER'S ARRIVAL AT BURN CAMP.**

Camper cannot be admitted without this completed form.

Camper's Name: _____

Dear Doctor,

The purpose of this report is to obtain essential medical information on the prospective camper and:

1. To ascertain whether the camper can engage in strenuous activity,
2. Has a communicable disease that could be conveyed to others,
3. Has a medical, physical, or emotional condition needing special attention. (SEE NOTE BELOW)

Of utmost importance is Section C – IMMUNIZATION HISTORY on the Physician's Report. This is a rule of the camp and the child CANNOT be admitted unless the forms are complete.

Thank you for your cooperation in assisting us in making the experience of attending our Burn Camp an enjoyable and memorable week for the child.

NOTE: I further certify that I have examined the individual for lice and have found none present.

NOTE: If the Camper is currently or has previously received counseling or psychotherapy, a brief summary report from the Therapist noting treatment issues, as well as issues relevant to Burn Camp is REQUIRED as part of the application process. Please be sure that this report is attached to the application before it is returned to us.

DOCTOR'S NAME: (Please Print) _____

DOCTOR'S SIGNATURE: _____

DOCTOR'S PHONE NUMBER: _____ **DATE SIGNED:** _____



HEALTH HISTORY

A. ILLNESSES: Please note if Camper has had any of the following:

Chicken Pox ___	Tuberculosis ___	Rheumatic Fever ___	Scarlet Fever ___
Malaria ___	Measles (Red) ___	Polio ___	Mumps ___
Diphtheria ___	Pneumonia ___	Seizures ___	Whooping Cough ___

B. NON-BURN-RELATED OPERATIONS AND/OR FRACTURES AND/OR INJURIES:

Date: _____ Type: _____

Date: _____ Type: _____

C. MEDICAL CONDITIONS: (Camp Doctor/Nurse should be aware of)

Bed Wetting ___	Sleepwalking ___	Sinus Trouble ___	Headaches ___
Constipation ___	Eczema ___	Diabetes ___	Snoring ___
Chronic Colds ___	Drug Abuse ___	Athlete's Foot ___	Fainting Spells ___
Ear Discharge ___	Shortness of Breath ___	Frequent Sore Throats ___	

Epilepsy – Date of Last Seizure: _____

Other – Please explain: _____

ALLERGIES:

Asthma ___ Hay Fever ___ Insect/Bee Stings ___

Other – Please explain: _____

List types of treatment: _____

Has Camper ever had reactions to altitude or humidity? Yes ___ No ___

Comments: _____

Has Camper ever been exposed to or had any infectious disease? Yes ___ No ___

DOES CAMPER HAVE ANY DIETARY RESTRICTIONS? Yes ___ No ___

Explain: _____

FOR GIRLS ONLY: Has Camper menstruated? Yes ___ No ___

If no, has she been educated to the facts of menstruation? Yes ___ No ___

OTHER ILLNESSES NOT MENTIONED ABOVE THAT WE SHOULD BE AWARE OF:

D. CAMPER'S CURRENT STATUS

Sex: Female ___ Male ___ Height: _____ Weight: _____
 Blood Type (if known): _____ Blood Pressure: _____

(continued next page)



Operations in the past twelve months:

Type: _____

Admission Date: ___/___/___ Discharge Date: ___/___/___

Type: _____

Admission Date: ___/___/___ Discharge Date: ___/___/___

Type: _____

Admission Date: ___/___/___ Discharge Date: ___/___/___

EXTREMELY IMPORTANT:

Has Camper ever consulted a physician or psychotherapist concerning an emotional problem or is there an emotional trait which camp medical personnel or staff should be aware of?: _____

NOTE: IF CHILD IS CURRENTLY OR HAS PREVIOUSLY RECEIVED COUNSELING OR PSYCHOTHERAPY, A BRIEF SUMMARY REPORT FROM THE THERAPIST NOTING TREATMENT ISSUES AS WELL AS ISSUES RELEVANT TO CAMP IS REQUIRED AS PART OF THE APPLICATION PROCESS.

E. REHABILITATIVE NEEDS: Does the prospective camper:

Presently wear pressure garments? Yes ___ No ___

Any special instructions? _____

Use lotion or cream on skin? Yes ___ No ___

If Yes, what kind? _____

Wear splints or orthopedic devices? Yes ___ No ___

Need specific exercises? Yes ___ No ___

What kind? _____

Have any physical limitations? Yes ___ No ___

Please explain: _____

Presently receive: OT? Yes ___ No ___ PT? Yes ___ No ___

Any special concerns? Please explain: _____

F. CAMPER WILL BRING ADEQUATE MEDICAL SUPPLIES? Yes ___ No ___

PLEASE PROVIDE THE FOLLOWING: _____

Please print Doctor's Name: _____ **Phone:** _____

Address: _____

Doctor's Signature: _____ **Date this report is signed:** _____



PHYSICIAN'S REPORT

A. DOES CAMPER HAVE ANY SIGNIFICANT:

Emotional ___ Physical ___ Medical ___ Allergic ___ Attention Deficit Disorder ___
 Other: _____

If Yes on any of the above, please explain Condition/s and Treatment/s: _____

B. DOES THE CAMPER HAVE ANY MEDICINE NEEDED AT CAMP? Yes ___ No ___

If Yes: MEDICINE(S): _____
 ROUTE, DOSAGE, & FREQUENCY: _____

 Physician's Signature

 Parent/Guardian Signature

**NOTE: PHYSICIAN AND PARENT/GUARDIAN MUST BOTH SIGN ABOVE TO AUTHORIZE
 CAMP MEDICAL STAFF TO ADMINISTER MEDICINES**

HAS CAMPER EVER TAKEN RITALIN? Yes ___ No ___ Last Dose: _____ Year _____

C. IMMUNIZATION HISTORY

NOTE: CAMPER CANNOT BE ADMITTED WITHOUT THE FOLLOWING COMPLETELY FILLED OUT. PLEASE RECORD THE DATE (MONTH & YEAR) OF BASIC IMMUNIZATION AND MORE RECENT BOOSTER.

<u>VACCINES</u>	<u>DATE OF IMMUNIZATION</u>	<u>LATE BOOSTER</u>
Diphtheria	_____	_____
Pertussis (Whooping Cough)	_____	_____
Tetanus/Tetanus Diphtheria	_____	_____
Oral Polio (Sabin) TOPV	_____	_____
Injectable Polio (SALK)	_____	_____
Mumps	_____	_____
Measles (Hard, red rubeola)	_____	_____
Rubella (German, 3-Day)	_____	_____
Other	_____	_____
Tuberculin Test Given (most recent):	_____	_____