



# Joseph Pfeifer Kiwanis Camp

5512 Ferndale Cutoff \* Little Rock, Arkansas 72223

Phone (501) 821-3714 \* Fax (501) 821-2629

Email: camp@pfeifercamp.com



**Dear Parents,**

Congratulations! Your child has been recommended as a candidate for the Pfeifer Kiwanis Camp **Alternative Classroom Experience (ACE)**. ACE is designed for students between the ages of 8 and 13 who are in the third, fourth, or fifth grades in the Little Rock, Pulaski County, or Jacksonville North Pulaski School Districts. You and your child are lucky because only 160 elementary students receive this opportunity each year.

You may be somewhat apprehensive and skeptical of the ACE program. In fact, we would expect you to be. It's not every day that someone recommends your child to a program where you can't see or talk to him or her on a daily basis. Hopefully, this pamphlet will ease some of your concerns and answer some of your questions.

First and most importantly, our program operates with a lot of love. Campers quickly realize that our staff really care about them and want to see them excel. The program is also very structured. No camper goes anywhere by himself or herself. Our discipline model helps campers understand that there are consequences for your actions. Those who choose not to follow the rules must suffer the consequences.

For many students the ACE program helps them realize how capable they really are. They realize that they can make good grades, that they can behave, and that they are good people. Some campers make life-long decisions at camp. Others show improvement after the program but fall back into old habits. Many parents and campers have told us that ACE made all the difference in the world for them.

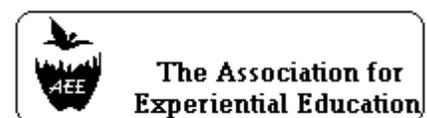
ACE is not for "bad kids." ACE is for children who have the potential to do well in school but are not functioning as well as they could be at this point. We have a variety of students—some with low self-esteem, some who make straight A's, some who can't read, some who think fighting solves problems, some who barely speak out in class, some who argue with their parents, some who have been in abusive situations, some whose parents are divorced, some with brothers and sisters who are teen parents, some who are rich, some who are poor, and some who are somewhat in the middle.

Even if you think your child does not fit into those categories, your child will benefit from ACE by learning outdoor living skills, independence, responsibility, how to live in a group setting, trust, cooperation, and teamwork. Of course, your child will grow academically as well. With a low student/teacher ratio, campers are divided by ability level for math, reading, and spelling.

Camp is fun and exciting. At the same time, camp is challenging and stressful. The Alternative Classroom Experience provides an opportunity for your child to grow in many ways. Just like in real life, in order to have fun, we must first get the work done. For the campers this means completing schoolwork and making at least 80% on all assignments. Anything below 80% must be completed until it is 100% correct. Those students who choose not to do their work in class may find themselves finishing their work late into the evening when others are participating in activities or getting ready for bed. Campers also help maintain camp cleanliness by sweeping and mopping, skills everyone should learn.

The four main goals of the program are (1) To improve student behavior in an institutional classroom setting, (2) To improve academics in an institutional classroom setting, (3) To improve community and home relationships, and (4) To improve classroom attendance. We are emphasizing prevention and want to help your child succeed at home, at school, and in the community. We have a quality program that is licensed through the state of Arkansas as a residential childcare provider. Also, the camp is accredited through the American Camp Association. Please read the rest of this pamphlet to learn more about our program.

Project of the Downtown Kiwanis Club



## Parent Information and Program Guidelines

Parents must read this pamphlet thoroughly before completing and signing the Registration Form. By signing that form parents understand and agree to follow these guidelines.

### Program Design

Each student who participates in the program will live at Camp Pfeifer for five weeks (four weeks for 3<sup>rd</sup> grade), excluding weekends and holidays. During these five weeks, the students will attend class at the camp under the direction of the Pfeifer Camp staff and teacher. Following the completion of their time at camp, the students will return to their regular classrooms where they will be visited daily for the week immediately following their return. These visits are designed to insure a smooth transition into the regular classroom setting and enable the staff to monitor, evaluate, and intervene, when necessary, with problematic behaviors. During their time at the camp, campers will live in cabins with their counselors and a group of ten cabinmates.

### Parenting Component

During the course of the program, you will be required to attend the parent meetings at the camp. The first meeting is called the Initial Parent Meeting and will answer any questions and will allow you to meet the staff. Your attendance at this meeting will secure your child's spot in the program. This meeting is held at 7:00 p.m. on the Tuesday evening before each session begins at camp. **The next meeting is the registration parent meeting which is held on the first Sunday of the program at the camp at 4:00 p.m.** All of the other parent meetings will be held throughout the session on Sunday evenings at 7:00 p.m. Again, these meetings are mandatory in order for the child to continue to participate in ACE.

### Transportation

The parent/guardian is responsible for providing or arranging transportation to and from the camp each week. If there is a transportation issue, please contact the camp directly. On the first Sunday of the session, you must bring your child promptly at **4:00 p.m.** for registration. Late arrivals may be denied registration unless the staff is contacted in advance. For the rest of the session, the parent/guardian must bring the child to the camp each Sunday evening at 7:00 p.m. and pick up the child between 12:00 and 1:00 p.m. each Friday. **\*\*SPECIAL NOTE:** For every minute after 1:00 p.m., parents/guardians must pay a \$1.00 per minute babysitting fee.

### Money

ACE is free and is paid for primarily by the school districts. However, campers will need a one-time program fee of \$20 for supplies and pictures. This money should be turned in on registration day. If this fee is a problem, please contact camp.

### Staff

Executive Director, Sanford Tollette, received his B.S. in Early Childhood Development from the University of Arkansas at Fayetteville, has taught elementary school, and has worked at Pfeifer Camp since 1973. Binky Martin-Tollette, Assistant Executive Director, has a masters degree in education and has been at camp since 1983. A certified teacher, teacher's aides, and several counselors and AmeriCorps members work closely with the campers. We also have a full-time nurse and cook.

## **Evaluation and Follow-up Procedures**

Each week you will receive an evaluation from your child's counselor and teacher regarding their academic, social, and behavioral performance and progress for the week. We also ask parents to complete a brief evaluation after each weekend. This maintains open and direct communication between parents and staff concerning the child's well-being. After your child's completion of the ACE program, we are by no means finished with our commitment to your child. We will continue monitoring your child through follow-up visits until your child completes the eighth grade. Some students may be eligible to return for a second ACE session, and all ACE graduates are eligible to apply for the free summer camp program.

## **Health and Medication**

All campers must have a physical completed by a physician or nurse practitioner before attending camp. This program is very active and requires that students be in good physical health. Children with asthma who have had an "attack" within the last year are not recommended for our program related to the following environmental conditions: fireplace smoke in cabins and classroom, excessive dust, rainy days and nights, and the strenuous nature of the program. If your child takes any prescription medication, please let us know on the Registration Form. We need written parent authorization for any non-prescription medication to be given at camp. Prescription medication must be in a current prescription bottle with accurate dosages on the label. Any changes from this label must be accompanied by a written statement from the prescribing doctor. **All medication must be turned in to the nurse at registration on opening day.** Any medication brought to camp on subsequent weeks should be given to the program director at the parent meetings. Any child with head lice nits will be dismissed from the program until all nits are removed, so check your child's hair before camp each week. Also, on registration day we will need a copy of your child's birth certificate, immunization records, and social security card. Hopefully the school will provide the first two listed.

## **Dismissal Possibilities**

It is very rare that a student gets dismissed from the program. Most children adapt well to our discipline model and realize that it is fair to all involved. However, we reserve the right to dismiss a student if his/her behavior and/or health jeopardizes the safety, well being, and progress of the child, other campers, staff or volunteers. Parents also have the right to remove their child from the program at any point. We strongly discourage this for many reasons. First, it sends a message to your child that it is okay to back out of commitments and quit. Secondly, this position cannot be refilled which costs the school districts approximately \$3000. Finally, the first two weeks of the program are the most stressful to the child, as this is an adjustment stage. Some children are not used to having to get their schoolwork done and completed correctly. Accepting responsibility for one's actions can be difficult and uncomfortable but is rewarding in the long run. By the third week of the program, everything seems to run much more smoothly.

## **Visitation**

We do not allow visitors to the camp except for school personnel. Visitation disrupts the flow of the program and actually increases the likelihood of homesickness. Also, we do not allow campers to call home or parents to call their children for the same reasons. In case of emergency or illness, we will contact the parent as soon as possible. Campers may receive and send mail.

## **Media Release**

We reserve the right to use photographs, video, and written information/articles of the campers to be used for advertising, public relations, or grant reporting purposes.

## Parent/Teacher Conferences

Parents of ACE graduates are expected to attend a parent/teacher conference at their child's regular school each nine weeks.

## What to Bring to Camp

All students must bring the following list of personal items to camp, according to the session. You may want to put your child's name on the tags with permanent marker.

Bedding: sleeping bag (or sheets and blanket) and a pillow

Hygiene: towels, washcloths, toiletries (soap, toothbrush, paste, hairbrush or comb, shampoo, etc.)

Clothes: jeans, shirts, sneakers, extra shoes, socks, underwear, sleepwear, flip flops for shower

Cold weather: coat, knit hat, gloves, long underwear (or tights or sweatpants), sweaters, sweatshirts

Warm weather: shorts, swimsuit (if pool is open)

Extra things: flashlight (with extra batteries), rain gear (poncho)

Things to turn in at registration: Physical signed by doctor, spending money, medication

## What Not to Bring to Camp

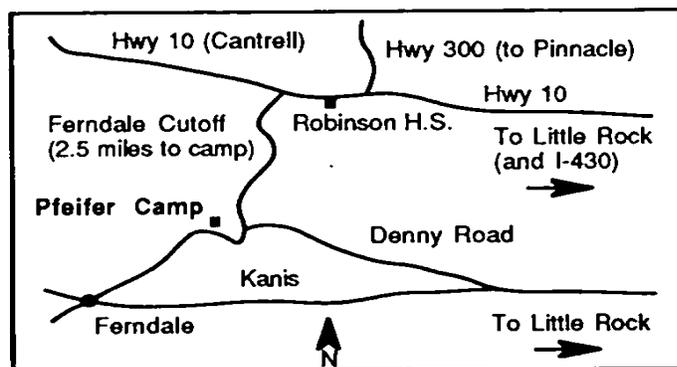
Campers should not bring electronic equipment such as radios, televisions, media players, cell phones, or video games. Also, campers should not bring any valuables or extra money, as we cannot be responsible for such items.

## School Supplies

The camp will provide students with any necessary school supplies.

**JOSEPH PFEIFER KIWANIS CAMP**  
5512 Ferndale Cutoff, Little Rock, Ar 72223  
(501) 821-3714 FAX (501) 821-2629

SANFORD TOLLETTE  
Executive Director



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## ACE Registration Form

**Before completing this registration form, you must read the pamphlet titled, Parent Information and Program Guidelines. By signing this form you are stating that you agree to abide by the terms and conditions found in that document.**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Religion \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

With whom does this person live? (name) \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Emergency Numbers

1<sup>st</sup> Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3<sup>rd</sup> Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Family History and Information

List **all** persons who live in the household? (Include yourself, friends, family, etc.)

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Birth Mother's Name (if living) \_\_\_\_\_ Birth Father's Name (if living) \_\_\_\_\_

Parent/guardian current marital status (circle one): Single Married Divorced Separated Partner Widowed

Parent/guardian current marital status (circle one): Single Married Divorced Separated Partner Widowed

Are there any custody issues we should be aware of?  Yes  No Please explain \_\_\_\_\_

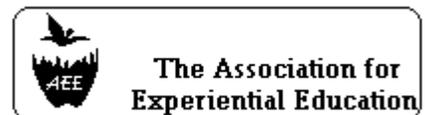
If both parents do not live with child, is child allowed to see other parent on a regular basis  Yes  No

**Medical Information:** Is child currently taking any medication?  Yes  No

**Medication(s):** \_\_\_\_\_ Dosage(s): \_\_\_\_\_

What is medication for? \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

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**Child's Name** \_\_\_\_\_

**Background Information** (Check all that apply. If none apply, this does not mean your child will not benefit from ACE):

My child:

- \_\_\_\_\_ Has received professional help in terms of therapy, counseling, or treatment. **Please explain:**
- \_\_\_\_\_ Has been previously housed in a child care service center. **Name of center:**
- \_\_\_\_\_ Has tried alcohol
- \_\_\_\_\_ Has tried tobacco
- \_\_\_\_\_ Has tried other drugs
- \_\_\_\_\_ Has been suspended from school                      When was the most recent time? \_\_\_\_\_
- \_\_\_\_\_ Has repeated a grade      Circle the grade: K      1      2      3      4      5
- \_\_\_\_\_ Has been in foster care
- \_\_\_\_\_ Has been physically abused
- \_\_\_\_\_ Has been emotionally abused
- \_\_\_\_\_ Has been sexually abused
- \_\_\_\_\_ Has been physically aggressive toward others
- \_\_\_\_\_ Has had unusual sleeping habits (bedwetting/nightmares)
- \_\_\_\_\_ Has family member(s) with a history of psychiatric treatment, alcohol abuse or substance abuse

**Informed Consent for Release of Records:**

By signing this registration form, authorization is hereby granted to Joseph Pfeifer Kiwanis Camp for the release of educational, medical, social, and/or psychological information to the Little Rock, Pulaski County, Jacksonville North Pulaski School Districts. Also, authorization is hereby granted to the above named school districts for the release of medical, educational, social, and/or psychological information to Joseph Pfeifer Kiwanis Camp until the child has completed the 12<sup>th</sup> grade even if the child named above transfers to another public or private district.

**Insurance Information:**

Insurance status (circle one): Private insurance      Medicaid/AR Kids      No insurance coverage  
Insurance carrier: \_\_\_\_\_      Group or Policy #: \_\_\_\_\_  
Medicaid #: \_\_\_\_\_      Effective Date: \_\_\_\_\_

I understand that by signing this registration form, I authorize Pfeifer Camp and its qualified staff to render medical treatment to the child named on this form as may, in the judgment of the camp staff, be necessary to his/her health and /or well-being.

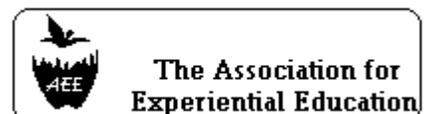
**Parent Information and Program Guidelines:**

I have read the pamphlet titled **Parent Information and Program Guidelines** and agree to follow those guidelines. I understand that if my child or I fail to meet those guidelines, my child may be dismissed from ACE. Specifically, I agree to do the following:

- (1) Provide or secure transportation to and from camp each week at the times designated by the camp staff and understand that I must pay a \$1 per minute late fee for every minute I am late on Fridays.
- (2) Attend the required parent meetings.
- (3) Complete all necessary paperwork, including a physical signed by licensed medical personnel, in a timely manner.
- (4) Allow photographs, video, and/or written information/articles of my child to be used for advertising, public relations, social media, research, or grant reporting purposes.
- (5) Campers may be involved in field trips outside the camp and will be transported by camp staff as needed.
- (6) Campers must adhere to the camp's rules and discipline model that emphasizes acceptance of responsibility.
- (7) Campers are not allowed to make or receive phone calls or have visitors while at camp.
- (8) The camp reserves the right to dismiss campers early, if necessary, due to medical or behavioral problems.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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# Health

# Form



## Notice and Waiver

By signing this waiver, I understand that Pfeifer Camp is not a medical camp or medical facility, and the camp staff is not trained to treat serious medical conditions, including breathing emergencies. I acknowledge that the camp does not recommend this program for individuals with breathing conditions or history of breathing difficulties, especially those who have had an occurrence within the last year. I understand that breathing difficulties are not covered by the camp's accidental insurance policy, which is available to be purchased by parents. Breathing conditions are considered pre-existing conditions and, therefore, are not included within the coverage provided by the camp's insurance company. I understand and agree that I am responsible for all medical bills that may result from my child being involved in the Pfeifer Camp programs.

I understand that my child must be picked up from the camp immediately at the onset of any serious medical condition, including, without limitation, breathing difficulties coughing, wheezing, tightness in chest, or complaints of difficulty in breathing. I understand that the camp has these policies for the well being and safety of my child.

I understand and assume the responsibility that my child will be participating in the indoor and outdoor recreational activities of the camp and will be exposed to the inherent risks of such activities and the camp's environment.

In consideration for my child participating in the activities of Camp Pfeifer, I hereby release and agree to hold harmless Camp Pfeifer, Kiwanis Activities, Inc., and the Camp Pfeifer staff from any and all claims, causes of action or damages, which I, my child, or our assigns may have now or in the future, known or unknown, as a result of or related to my child's attendance and participation in the activities of Camp Pfeifer.

I have read, understand, and agree to all conditions of this notice and waiver and voluntarily execute it with full knowledge of its significance.

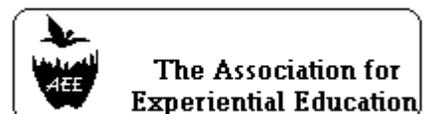
\_\_\_\_\_  
Name of Parent or Guardian (Print)

\_\_\_\_\_  
Name of Child (Print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Project of the Downtown Kiwanis Club



# Health History and Examination Form for Pfeifer Kiwanis Camp

*This page should be completed by parent/guardian of minors or by adult campers or staff*

Return completed form to ... **Pfeifer Kiwanis Camp, 5512 Ferndale Cutoff, Little Rock, AR 72223**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Birthdate \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Social Security # \_\_\_\_\_ Religion \_\_\_\_\_  
With whom does this person live \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Business \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Second Emergency Contact \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Third Emergency Contact \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_  
Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

**Please include a copy of the applicant's immunization records and birth certificate.**

**Insurance Status** (please check the appropriate box):

Medicaid       AR Kids First       Private       No Insurance

Carrier or Plan name \_\_\_\_\_ Group # \_\_\_\_\_  
Carrier address \_\_\_\_\_ Medicaid # \_\_\_\_\_  
Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
Social security number of policy holder or insurance ID number \_\_\_\_\_ Effective Date \_\_\_\_\_

## Important - These boxes must be complete for attendance\*

**Parent/Guardian Authorizations:** This health history is correct and complete including immunizations and date of last tetanus shot. The person herein described has permission to engage in all camp activities, except as noted.

I hereby give permission to the camp to provide routine health care and administer prescribed and/or over-the-counter medications approved by the camp physician and/or parent/guardian. I also give the camp permission to seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

**Signature of parent/guardian or adult camper/staffer** \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

**Signature of minor or adult camper/staffer** \_\_\_\_\_ Date \_\_\_\_\_

\* *If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

adapted from the American Camping Association, Inc.

Child's Name \_\_\_\_\_

<b>Has/does the participant:</b>	<b>Yes No</b>			<b>Yes No</b>	
1. Had any recent injury, illness, or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have an orthodontic appliance at camp?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness or condition?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have any skin problems (e.g. itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	16. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	17. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	19. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	21. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	22. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>	23. Have any dietary restrictions?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had problems with joints (e.g. knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>			

**Please explain any "yes" answers, noting the number of the questions and/or any past medical treatment.**

\_\_\_\_\_

\_\_\_\_\_

**Allergies** (list any allergies to medication, food, insect stings, pollen, etc.)

**How do you manage the allergic reaction described above (i.e. epipen, Benadryl)?**

**Describe any food restrictions at camp.**

**Describe any camp activities from which the camper should be exempted for health reasons.**

**Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp.**

**MEDICATIONS BEING TAKEN**

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

<input type="checkbox"/> This person takes NO medications on a regular basis.
<input type="checkbox"/> This person takes medication as follows: Med #1 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____ Med #2 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____ Med #3 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____ Attach additional pages for more medications. Identify any medications taken during the school year that participant does/may not take during the summer: _____

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## CAMP PHYSICAL

Return completed form to **Pfeifer Kiwanis Camp**

**About Joseph Pfeifer Kiwanis Camp:** The programs at Pfeifer Camp are very active and strenuous and require that campers be in good physical health. Children with asthma who have had an "attack" within the last year are not recommended for our program related to the following environmental conditions: fireplace smoke in cabins and classroom, excessive dust, rainy days and nights, and spring pollen. The camp is 15 minutes away from the nearest medical facility, and campers may be 15 minutes away from the camp infirmary at any given time. Residential campers must have a completed physical on file. Physicals are considered for one year. If you need more specific information about Pfeifer Camp programs, please call 821-3714.

Name of applicant \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ PULSE \_\_\_\_\_ RESPIRATION \_\_\_\_\_ TEMP \_\_\_\_\_

The applicant is under the care of a physician for the following condition(s): \_\_\_\_\_

Explanation of any reported loss of consciousness, convulsion, or concussion: \_\_\_\_\_

Does applicant have:	epilepsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	pediculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	heart murmurs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	tinea lesions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	scabies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

### **Recommendations and Restrictions while at Camp:**

Any treatment to be continued at camp: \_\_\_\_\_

Any medication to be administered at camp (specific dosages): \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions: \_\_\_\_\_

Any allergies (food, drugs, plants, insects, etc.) Please describe reaction and management of the reaction: \_\_\_\_\_

**In my opinion, the above named applicant is free from communicable diseases and clear of any condition that would prevent his/her participation in an active camping program.**

**LICENSED PHYSICIAN'S SIGNATURE** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date of Examination** \_\_\_\_\_ **By** \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY A LICENSED PHYSICIAN OR NURSE PRACTITIONER.**