



January 2009

Dear Parents:

Per New York State Department Regulations section 7 – 2.8(c) we must request updated immunization records annually. An immunization record must include the immunization dates against diphtheria, measles, mumps, poliomyelitis, rubella and tetanus. A notation that immunizations are “up to date”, or other similar language is not acceptable. This immunization record is necessary for all children attending any camp at Soyuzivka (includes, but is not limited to, Ptashata, Heritage, Tennis, Discover or Dance). **If for some reason your child is not immunized, a written and signed statement from the parent or guardian must be included with the child’s health history. If the child is not immunized due to a medical exemption or because there is a documented history of the disease or serologic immunity, a written and signed statement from the physician must be included with the child’s health history.**

All medications for your child must be in their original containers, and properly labeled. Prescription medications must have complete name of patient, date filled, expiration date, directions for use, name and address of dispensing pharmacy, and name of physician prescribing medication. When non-prescribed medications (over-the-counter items) are provided for the child, then instructions for use (i.e., from parent/guardian or individual’s physician must accompany said medication.

The health department will not permit us to let a child attend camp that has not met the above requirements. Please have all paperwork mailed to us three weeks prior to arrival for camp. This is for your child’s safety and well-being. Thank you for your time, patience and understanding.

Soyuzivka Management and Camp Staff



Medical Care Coverage

In case of illness or accident, my son/daughter shall receive immediate and competent medical care. I acknowledge that while attending the various Soyuzivka camps my son/daughter will participate in activities that may involve, among other things, physical contact with other persons or objects, including the ground, which may incur a risk of injury. I specifically waive, give up and release Soyuzivka, and its staff from liability for any claim for damages which I or my son/daughter may have relating to injuries or illnesses that he or she may sustain at the camp.

In signing this Medical Care Coverage, I certify that my child is in good health, with no chronic illnesses or abnormal tendencies. In the event of any emergency in which my son/daughter requires medical care, I authorize Soyuzivka and its camp staff to act for me, and to obtain for him/her whatever medical treatment the staff in its best judgment deems necessary and appropriate for the care and treatment of him/her, including but not limited to whatever medical, surgical, or dental examination, diagnosis and/or treatment is deemed necessary.

Signature of Parent or Legal Guardian

Date

***Please include a copy of Medical Insurance information for your child (i.e., a copy of a health insurance card showing coverage and policy number.**



Family Physician's Physical Examination Report

Name _____ Date of Birth _____
Date of Exam _____ Grade _____

Note: *If normal, mark "N" – If any abnormalities, please state nature of such.*

Eyes _____ Genito Urinary _____
Ears _____ Orthopedic: _____
Lymph Nodes _____ Structural _____
Thyroid _____ Posture _____
Nose _____ Feet _____
Tonsils _____ Skin _____
Teeth _____ Epilepsy _____
Heart _____ Speech _____
Lungs _____ Nutrition _____
Hernia _____ Other _____

Immunizations

Mumps _____ Cold & Flu Shots _____
Diphtheria _____ Measles Vaccine _____
Poliomyelitis _____ Rubella Vaccine _____
Tetanus _____ Others _____
Booster _____
Allergies to Medicines: _____
Other Allergies: _____
Existing Medical Condition(s): _____
Restrictions/Limitations: _____
Special Needs/Diets: _____
Medication/Treatment: _____
Other Concerns (i.e., bed wetting, sleep walking, etc.): _____

Physician's Signature _____
Physician's Phone Number _____
Date _____



Permission Slip

I, _____, hereby give permission for my
Son/Daughter, _____, to be treated by a doctor in case
of emergency.

Parent or Guardian Signature

Date

Patient's Name _____

Parent's Address _____

Both Parents Telephone Numbers

Home _____ Work _____

*In Case of Emergency, please list TWO persons who could be notified if both
parents could not be reached.*

Name _____ Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Please check one: Swimmer _____ Non-Swimmer _____

Beginner _____ Advanced _____

Additional Comments: (i.e. allergies, medicines, etc.)



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Dear Parent:

I am writing to inform you about the Meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a new law in New York State. On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include #2167, requiring overnight children's camps to distribute information about meningococcal disease and vaccination to the parents or guardians, of all campers who attend camp for 7 or more nights. This law became effective August 15, 2003.

Soyuzivka camps are required to maintain records of the following information for each camper:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the camper's parent or guardian; AND
- Information on the availability and cost of meningococcal meningitis vaccine (menomune); AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years; OR
- An acknowledgement of meningococcal meningitis disease risks accompanying a refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States – types A,C, Y and W-135. These types account for nearly two thirds of the meningitis cases among teens and young adults.

Information about the availability and cost of the vaccine can be obtained from your health care provider and by visiting the manufacturer's website at www.meningitisvaccine.com.

I encourage you to carefully review the enclosed materials. Complete the Meningococcal Vaccination Response Form and return it to Soyuzivka.

To learn more about meningitis and the vaccine please feel free to contact your child's physician. You can also find information about the disease at the New York State Department of Health website: www.Health.State.NY.US and www.CDC.GOV/NCIDOD/DBMD/DISEASEINFO

Sincerely,

Soyuzivka Camp Management



MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Check one box and sign below.

My child has had the meningococcal meningitis immunization (Menomune) within the past 10 years. DATE RECEIVED: _____
(note the vaccine's protection lasts for approximately 3 – 5 years. Revaccination may be considered within 3-5 years)

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain the immunization against meningococcal meningitis disease.

signed _____
date _____
(parent / guardian)

Camper's Name _____
date of birth _____

Mailing address _____

Parent/ Guardian's Email address (optional) _____