



— 2010

“Celebrating our 15th Anniversary”

Hispanos Unidos, Inc. (HU) is pleased to announce that preparations for Camp Meechimuk* 2010 have begun. Camp Meechimuk is the only sleep-away (1 week) co-ed and multicultural summer camp for HIV/AIDS affected children in Connecticut. The mission of Camp Meechimuk is twofold: 1) to provide the opportunity for HIV/AIDS affected children to enjoy part of the summer as other children would, and 2) to provide the parents, foster or adoptive parents with the opportunity to rest during that week knowing that their children are taken care of in caring and safe environment. Camp Meechimuk is not a therapeutic camp; its aim is to create an environment for our children to have plain fun. Confidentiality is strictly protected and AIDS is not discussed with our campers. Thanks to the generous support of private foundations and dedicated volunteers, Camp Meechimuk is free of charge.

We will be conducting our 15th Camp on **August 14-21, 2010**. Children whose parents are diagnosed with HIV or AIDS, or have passed due to AIDS-related causes are eligible to attend. In some cases, the parent(s) is not the one living with HIV, but rather another close relative to the child, for which the child is considered affected by the presence of AIDS in the family.

Applications are screened for eligibility and completeness upon return to HU. Children are accepted to attend camp on a first come, first serve basis based on application completeness and age bracket cabin groups. Children between the ages of six (6) to fifteen (15) are eligible to attend as campers. There are 80 spaces available, forty for boys and forty for girls which make up eight (8) age bracket cabin groups. Children between the ages of sixteen to eighteen are eligible to attend as councilors in training (CIT) and require a CIT application. Eight spaces are available in this category. The camp is held at the Hartford County 4-H Outdoor Recreation Center in Marlborough, CT. Please be aware that Camp Meechimuk does not provide transportation to or from camp. **Applications must be fully complete including health form for the child to be considered a candidate for the Camp.**

Enclosed you will find applications for campers, counselors in training (CIT) and volunteers. Volunteers are needed at all stages of our planning and most importantly as counselors. Volunteers are required to be 19 years old and older. Remember that during the past years Camp Meechimuk has grown in popularity among our children with slots filling rather quickly. The sooner you return a complete application the greater the possibility that your referred children will be accepted to attend camp. Please, copy the applications as needed and do not hesitate to contact our agency concerning any questions you may have.

Thank You,
Luz Z. González, M.S.
Executive Director
Hispanos Unidos
203-781-0226

***Camp Meechimuk is licensed by the Youth Camp Licensing Program – Connecticut Department of Public Health.**

CAMP MEECHIMUK 2010

For Office Use Only

Received: _____
IC Notice Sent: _____
Complete: _____

Return to:

Hispanos Unidos, Inc.
116 Sherman Ave., 1st Floor
New Haven, CT 06511

CAMPER Application Camp Dates: August 14-21, 2010

This application is to be completed by the referring worker and must be signed by parents or guardians. Please print in ink. Provide all information in detail using "N/A" when question is not applicable. The Camp Admission Committee will review the application. If the applicant is accepted, parents or guardians and referring workers will be notified in writing.

Social Worker/Case Manager/Referring Person: _____

Agency/Organization: _____

Address: _____
Number Street City/Town State Zip Code

Best Contact #: (_____) _____ Fax #: (_____) _____

INFORMATION ABOUT THE CHILD

Identification

Camper's Name: _____ Date of Birth: _____
Last First Month / Day / Year

Gender: Male ___ Female ___ Age: _____ Grade: _____

Home Address: _____
Number Street City/Town State Zip Code

Parent/Guardian: _____ Cellular #: (_____) _____
Area code Phone No.

Daytime Phone #: (_____) _____ Evening #: (_____) _____
Area code Phone No. Area code Phone No.

Emergency contact: _____ Cellular #: (_____) _____
Area code Phone No.

Daytime Phone #: (_____) _____ Evening #: (_____) _____
Area code Phone No. Area code Phone No.

Has the child attended camp before? Yes ___ No ___ Last camp attended/year: _____

T-Shirt Size:

___ Child medium ___ Child large ___ Adult small ___ Adult medium ___ Adult large
___ Adult X-Large ___ Adult XX-large

(If the child is on medications, page 5 needs to be completed by the medical care provider (doctor). Failure to comply with this requirement will result in denial to attend the camp. Page 5 authorizes the camp nurse to administer medications accordingly)

Difficulties with Diet, Personal hygiene (washing and bathing), Dressing, Sleeping, Communication/ Behavior issues should be explained below with recommendations for effective redirection and response outlined. (Please enclose attachment if necessary)

PICK UP AGREEMENT

I _____ agree that my child will be picked up the day and time indicated by Meechimuk staff. Failing to do so may result in notification to the Department of Children and Families. **The Camp Director reserves the right to send a camper home for reasons that jeopardize the camp and campers including illness or unsafe behavior.**

Signature of parent/guardian: _____ Date: _____

Contact information provided "MUST" be accurate and up to date

CAMP PERMISSION

I give my permission for the above named applicant to attend Camp and participate in all phases of the program (which are not medically contraindicated) on and off the camp property; for the release of camper evaluations, medical examinations reports, personal data and records when deemed appropriate by the Camp Director.

Signature of parent/guardian: _____ Date: _____

PHOTO RELEASE PERMISSION

I hereby give Hispanos Unidos, Inc. permission to use photos and videos taken of my child during his/her attendance at Camp Meechimuk. I understand that the showing of these photos/videos will be for the purpose of increasing the body of volunteers and to raise funds so that the organization may be able to continue conducting Camp Meechimuk.

Signature of parent/guardian: _____ Date: _____

EMERGENCY AUTHORIZATION

The health history and documentation attached to this application is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named below. I will assume full responsibility for all medical expenses incurred. This form may be photocopied for use outside of the camp facilities.

Signature of parent or guardian: _____ Date: _____

Social security number (hospitals request this information): _____

Name of minor: _____

*If for religious reasons you cannot sign this form, please, contact the Camp Director to obtain a legal waiver, which must be signed for attendance.

The Camp Director reserves the right to send a camper home for reasons that jeopardize the camp and campers including illness or unsafe behavior. Emergency and Parent/Guardian Contact information provided MUST be accurate and up to date

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

Please Return Completed Form to Camp

Name _____ Date of Birth _____ Phone _____
 Guardian _____ Address _____
 Telephone Work: _____ Cell: _____ Home: _____
 Emergency Contact _____ Telephone Home: _____ Cell/Work _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

**Date of
Exam** _____

_____ May participate in all camp activities
 _____ May participate except for: _____

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription medication? YES NO
 If yes, list prescription(s) and **complete attached Authorization for Administration of Medication Form:**

Does the individual have allergies? YES NO Explain:

Is the individual on a special diet? YES NO Explain:

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, APRN or PA

Date

Telephone Number

PLEASE COMPLETE: Authorization for Administration of Medication Form if on medications

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AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS

If a Youth Camp chooses to administer medications, the Connecticut State Law and Regulations require an authorized prescriber (M.D., P.A, APRN) or dentist's written order and parent or guardian's authorization for a nurse or camp personnel with current Medication Administration Training to administer medications. **Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber or dentist's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.**

AUTHORIZED PRESCRIBER OR DENTIST'S ORDER:

Date ___/___/___

Name of Child _____ Date of Birth ___/___/___
Street Address _____ City/Town _____ State _____

Condition for which drug is being administered during camp hours _____

DRUG: Name of Drug, Dose and Method of Administration _____

Times of Administration: ____, ____, ____ Medication shall be administered from ___/___/___ - ___/___/___

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? _____

Allergies, reaction to, or negative interaction with food or drugs? If YES, list _____

The authorized prescriber or Dentist Name _____ Phone # (____) _____

(Type or Print)

Street Address _____ City/Town _____ State _____

Authorized Prescriber or Dentist Signature _____

Authorization by Parent/Guardian for the administration of the above medication:

Date: ___/___/___

I hereby request that the above medication, ordered by the authorized prescriber/dentist for my child _____, be administered by the nurse or by camp personnel with current medication administration training. I understand that I must supply the Youth Camp with the prescribed medication in the original container dispensed and properly labeled by an authorized prescriber, dentist or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name. I understand that this medication will be destroyed if it is not picked up within one (1) week following termination of the order.

Name of Parent or Guardian _____ Signature _____

Relationship to child _____ Street Address _____

City/Town _____ State _____ Zip Code _____ Phone (____) _____

