

Medical Policy

We are sharing with you the following sections of our medical policy as required by the Commonwealth of Massachusetts Department of Public Health. If you have any further questions, please call our office – through June, 718-643-0771, after July, 413-258-4463.

1. Procedures for informing parents when first aid is administered to their children, including time frame and documentation:

When a child is examined by a physician for an injury or illness parents will be notified by the nurse within 12 hours of the child's return to camp. When hospitalization is required parents will be notified by the camp and admitting physician immediately.

2. Plan for medication administration:

All medication is stored in a locked cabinet in the infirmary. The camp nurse administers all medication. Medications will be administered according to signed doctor's orders. Medications administration will be documented in the medication administration record.

3. Plan for care of mildly ill campers:

The nurse is available for the treatment of minor illnesses and injuries 24 hours a day. Treatment will be administered per written standing doctor's orders. Infirmary stays will be determined on a case by case basis. Appointments are available daily with MACONY Pediatrics for medical evaluation of illness and injuries.

4. Emergency Procedures:

In the event of a health emergency the nurse will administer immediate first aid care and will arrange for transportation to the appropriate health care facility by car or ambulance as indicated. The camp will notify parents as soon as possible.

5. Emergency Procedures if parents cannot be contacted:

The parent or guardian of each camper will sign the Parent/Guardian Authorization, which is found on page one of the health history and examination form provided. This gives permission to the medical personnel selected by the camp to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for the child. In the event the parent or guardian cannot be reached in an emergency, permission is given to the physician selected by the camp to secure and administer treatment, including hospitalization for the camper

6. Emergency Procedures when off the premises:

In the event of an emergency off the premises the staff member who has been identified as the provider of emergency first aid care will follow the procedures as outlined above.

Medical Procedures

Medications

The camp nurse administers all medication including over the counter medications. ***All medication sent to camp (prescription and over the counter) must be prescribed by a physician.*** We secure written orders from MACONY Pediatrics for routine health care including the administration of medications such as Tylenol, Benadryl, calamine lotion, cough and cold medicine, and antibiotic ointment. It is therefore not necessary for you to send these kinds of medications. Again, if you choose to send over the counter medications for your child, a physician must prescribe them. It makes the most sense not to send them unless there is a specific reason for you to do so.

All medications (prescription and over the counter) that you send from home must be accompanied by a signed written order from your physician. We have included a Medical Authorization Form on which your physician must write an order for each medication prescribed for your child. Each medication must have a separate form, so please make copies if you know you will need more than one; or call the camp office to request more.

All medication must be in the original pharmacy labeled bottle. Do not transfer medication to another container or attempt to send medication that was prescribed for someone other than your child, even if it is the same medication in the same dosage that your child takes.

All medication must be in camp BEFORE the first day of camp. Please note that the new procedures listed below pertain to **all campers and all families**. The only exceptions will be for medications begun immediately prior to attending camp (e.g., antibiotics for recent strep throat) or medications that require refrigeration.

This means that:

- 1 - All medications from home must be received in the camp office by June 10th 2004 for July session, in camp by July 10th for August session.**
- 2 - No medication will be accepted at the bus.**
- 3 - Medication may not be packed in trunks.**
- 4 - Medication will not be accepted in the infirmary on the first day of camp.**

Special Medication Issues

Medications are routinely administered before meals and before bed. Exceptions can be made to accommodate certain prescriptions. All medication except certain inhalers must be kept in the infirmary. Rescue inhalers can be kept in the bunk or with the camper. All inhalers must be labeled with the camper's name. Also send an extra, labeled inhaler (check that it is full and not expired.) Be aware when you ship an inhaler that some may be temperature sensitive. If your child's asthma is managed with an Asthma Plan please send a copy of the plan to the camp office by June 10th for July campers, to camp by July 10th for August campers. Call to discuss issues such as peak flow meters, nebulizers, etc.

Special Medication Issues continued....

The administration of medication in camp for issues of behavior, emotional stability, attention, ADHD, etc. must be discussed with the camp director or camp nurse before camp begins. Do not start any new medication just before camp, as side effects are best monitored at home (this applies to any medication); do not alter camper's medication schedule, or discontinue medication just prior to the camp stay. We recommend that you do not discontinue medication in camp that a child takes during the school year. If you are considering this, please contact the camp director one month before your child arrives in camp so we can arrive at a workable plan.

Allergies

The environment in camp is different from home in regards to environmental allergens. Children who are allergic to molds, dust, pollens, grasses, etc. and are okay at home may still have more extreme reactions in camp. Please start allergy medication before your child comes to camp, or send appropriate medication in case it becomes necessary to administer it in camp. (Remember, all medication must be prescribed by a physician, must be accompanied by an authorization form, must be in the original container, and must arrive at the camp office or at camp at least three weeks before the camper arrives.)

If your child has allergies please specify the allergy on page 4 of the health form. We make every effort to accommodate food allergies: nuts, milk, wheat, etc., but we need to know in advance what foods your child may be sensitive to.

If your child requires an epipen in case of an anaphylactic allergic reaction please remember that this must be prescribed by a physician, must be accompanied by an authorization form, and must arrive at the camp office or at camp at least three weeks before the camper arrives. Be aware when sending epipens that they are temperature sensitive.

Health Forms

Your child's health form is enclosed. Health forms must be returned to the camp office by June 10th for the July session, to camp by July 10th for the August session. **No forms will be accepted at the bus and no forms can be packed in trunks.** Massachusetts regulations require an updated form each year. Please complete your portion on page 1, 2, & 3 of the form. The physician's report can be from an exam given any time in the last 24 months. Therefore you may send it to your doctor for completion if your child has been examined any time within the 24 months prior to the first day of camp. Your portion MUST be completed anew each year.

Any medication to be administered in camp must also be indicated on the health forms. Immunizations must be complete according to Massachusetts regulations and dates must be indicated. A letter to your physician is attached to the health form explaining this policy.

Every child in camp must have a signed Parent/Guardian Authorization on the bottom of page 1 of the health form. ***Your child cannot come to camp if you have not signed this statement.***

Eye Glasses and Contact Lenses

Campers who wear glasses or contact lenses should have an extra pair in camp. Please send extra contact lens solution. Charges for repair of eyeglasses will be billed directly to parents.

Dental Problems and Braces

Campers should have a dental check-up before camp. The name and phone number of the orthodontist should be listed on the medical form for campers who wear dental appliances. Emergency repairs to braces can be arranged for campers. Charges for dental work or braces repair will be billed directly to parents.

Health Insurance Coverage

Camp Kinderland provides coverage for all routine medical procedures including doctor's visits, x-rays, etc.

Head Lice

Head lice are epidemic in schools all across the country. Before camp your child will be required to come to a camp-sponsored lice check, or you will be required to show that your child has been checked for lice. In addition, at the bus and upon entry to camp your child will be checked for lice. If your child has lice OR NITS he or she will be sent home to have the situation resolved before returning to camp. If this sounds harsh, it is not as harsh as the consequences of having lice in camp among children who live in very close quarters 24 hours per day. A separate packet about lice will be sent before camp.

Lyme Disease

Lyme disease has been a concern in all summer camps. The incidence of Lyme disease is on the rise in Western Massachusetts. Your child should arrive in camp with a supply of insect repellent containing DEET, also enough long pants for hikes and walks. We will also have supplies of repellent and will be talking to campers about safety measures.

Dear Doctor,

Massachusetts Department of Public Health requires the following immunizations for campers under the age of 18. Please indicate the dates of the immunizations.

- 1- Measles, Mumps and Rubella (MMR) Vaccine: At least one dose of MMR vaccine(s) must be administered; and a second dose of live measles containing vaccine is required. Both doses of measles vaccine must be given at least one month apart, and be given at or after 12 months of age, or there must be proof of laboratory evidence of immunity.
- 2- Polio Vaccine: At least three doses of either trivalent oral polio vaccine (OPV) or enhanced potency inactivated polio vaccine (e-IPV) are required. If a mixed schedule of polio vaccine is given (IPV and OPV), a total of four doses is required.
- 3- Diphtheria and Tetanus Toxoids and Pertussis Vaccine: At least four doses of DTaP/DTP/DT/Td are required. (the pertussis component is not given to anyone seven years of age or older.) A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years have elapsed since the last dose.
- 4- Hepatitis B: For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required.

Massachusetts Department of Public Health requires evidence of a physical exam having been completed within the 24 months prior to the first day of the camp season. Please document the finding of the physical on this form.

Please list all medications the camper is taking. There is a separate Medication Authorization Form for you to complete *for each medication*. This serves as your signed doctor's orders, and again, must be completed for each medication including over the counter medications being sent to camp by parents.

This form must be returned to the camp office by June 10th for July campers or to camp by July 10th for August campers.

Sincerely,

Alice Shechter
Director
Camp Kinderland

Camp Kinderland
1543 Colebrook River Road
Tolland, MA-1234
413-258-4463

Medication Authorization Form

To be completed by the Parent:

I authorize Camp Kinderland to administer to my child, _____ the medication
(name of medication) _____ prescribed by
Dr. _____ for the period time from _____ to _____. This
medication is prescribed for (diagnosis) _____.

To be completed by the Physician:

Name of medication _____
Dosage of Medication _____
Time of administration _____
Special instructions _____ (include termination date of
medication)
Signature _____ (physician, nurse practitioner, dentist, etc.)
Date _____
Print name of above _____
Phone number of above _____

To be completed by Camp:

Quantity received _____	Quantity returned to parent _____
Signature _____	Signature _____
Date _____	Date _____