



Camp Can Do at  
Gretna Glen Camp & Retreat Center  
Registration Address:  
P.O. Box 790088  
Charlotte, NC 28206  
(980) 999-0689  
registration@campcando forever.com  
www.campcando forever.org

Dear Parent/Guardian of Sibling Camper:

Camp Can Do and Gretna Glen are excited to offer this exciting, in-person camp opportunity, which will serve two purposes. First, the children will have a wonderful time swimming, boating, playing games and doing all of the other things that are part of a camp experience. Second, we know that they will benefit from spending time with other young people who share the experience of having a sibling with cancer.

PLEASE NOTE: Due to the changing nature of COVID-19, camp will be implementing many new safety protocols. We are following all CDC and ACA (American Camping Association) guidelines, as well as working closely with our own team of medical professionals. Some protocols will not be finalized until closer to the start of camp, and we ask that you are patient with us as we make the safest determinations at the appropriate times. All rules, such as masking requirements and social distancing procedures will be communicated with you as camp draws nearer.

**ALL CAMPERS AND STAFF WILL BE REQUIRED TO BE UP TO DATE ON VACCINATIONS, INCLUDING BOOSTERS. There will be MANDATORY TESTING REQUIREMENTS that you will need to complete PRIOR to arrival at camp.**

If you are unable to help your child fulfill these requirements, please do not apply for camp this season. Your child will not be allowed to attend. Camp Can Do must protect the health and well-being of ALL of our camp family, so if you feel the 2022 season is not a good fit for your child, we sincerely hope that 2023 offers a less-restrictive environment.

**Dates for Sibling Camp: June 19-23, 2022**

**Bus transportation is available:**

St. Christopher's Hospital in Philadelphia, PA

Lehigh Valley Hospital in Lehigh, PA

**Criteria for eligibility to attend:**

\*Children must be between ages of 8 and 17

\*Sibling campers must have been 5 years of age or older at the time of their brother or sister's diagnosis.

Please check off the required information below and return by May 15th, 2022

- |                                                     |                                                                     |
|-----------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Application                | <input type="checkbox"/> Camper Agreement (signed by camper/parent) |
| <input type="checkbox"/> Camper Health History Form | <input type="checkbox"/> Consents and Authorizations (initial each) |

**Please be sure that the parent/guardian signatures or initials are included.**

If you have any questions regarding registration, please feel free to contact Camp Can Do's registration office at (980) 999-0689.

# 2022 CAMP CAN DO SIBLING CAMPER APPLICATION

June 19-23, 2022

If filling out a paper application, please mail to: Camp Can Do, P.O. Box 790088 Charlotte, NC 28206.

This application MUST be completed by a parent or legal guardian.

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_

Parent Email (required): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in school: \_\_\_\_\_

T-Shirt Size (Adult Sizes):  Small  Medium  Large  X-Large  XX-Large

Have you been to Camp Can Do before?  Yes  No If yes, number of times: \_\_\_\_\_

Camper's primary language: \_\_\_\_\_

Will your child need bus transportation to and from camp?  Yes  No

If yes, choose location:  St. Christopher's  Lehigh

**SIBLING INFORMATION:** Name of sibling who has/had cancer: \_\_\_\_\_

Diagnosis of sibling who has/had cancer: \_\_\_\_\_ Date of diagnosis/relapse: \_\_\_\_\_

Current status of sibling's treatment: \_\_\_\_\_ Treatment Center: \_\_\_\_\_

## **EMERGENCY CONTACT (must be a parent or legal guardian)**

Name: \_\_\_\_\_ Daytime phone: ( \_\_\_\_ ) \_\_\_\_\_

Evening: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_

If above cannot be reached: Name \_\_\_\_\_ Daytime phone: ( \_\_\_\_ ) \_\_\_\_\_

Evening: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_

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Charlotte, NC 28206**

# CONSENT AGREEMENT, AUTHORIZATION AND RELEASE

**This Consent Agreement, Authorization & Release must be read and signed by a parent or legal guardian for the camper to be eligible to attend Camp Can Do.**

Participants full name: \_\_\_\_\_ (PLEASE PRINT)

\_\_\_\_\_**RELEASE OF LIABILITY (please initial)** The undersigned, parent or legal guardian of the above-named camper, do hereby give (our/my) permission and consent to the participation of the camper in all activities of Camp at Gretna Glen including the trip to Hershey Park and we do hereby release and discharge the Camp Can Do, Gretna Glen, it's agents, employees and officers and their respective successors, heirs, and assigns from all claims, demands, action, judgments or causes of action of any nature whatsoever, which the undersigned or the camper, now has or may in the future have as a result of any injury of injuries arising out of the participation by the camper in the activities of Camp at Gretna Glen. We understand that certain activities of Camp may be hazardous and except as indicated herein, we know of no reason why the camper should not participate in such activities. We have excused this consent and release with full knowledge of its significance and we understand all of its terms. In witness whereof, intending to be legally bound hereby, we have executed this consent and release this day and year first below written.

\_\_\_\_\_**CONSENT FOR MEDICAL TREATMENT (please initial) *Camp Can DO & Gretna Glen is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)*** I hereby give permission to the medical personnel at Camp Can Do Camp to provide routine health care: to administer medications including those listed on the health form and common over-the-counter medications, to order X-rays, laboratory tests, and treatment; to release records necessary for medical care; and to provide or arrange necessary transportation for my child in the event of an illness or emergency. In such an event, the Director, or designee, is authorized to act in my behalf in securing medical treatment, including hospitalization. I certify that the information provided in the medical history is to the best of my knowledge, complete and accurate. I know of no reason(s), other than the information indicated on this form, why my son/daughter should not participate in all camp activities. I take full responsibility for any medical problems (illness/injury) that occur as a result of my failure to disclose medical condition, restrictions, and limitations of my child.

\_\_\_\_\_**PHOTO AND VIDEO CONSENT (please initial)** I consent that photographic and/or video pictures may be taken of my child for the purpose of obtaining publicity for Camp Can Do. I also give consent for my child to be interviewed for television or newspaper while he/she is attending Camp Can Do.

\_\_\_\_\_**CODE OF CONDUCT (please initial)** All campers will follow all the bus rules while en-route to and from camp. Each camper is to take a full and active interest in all parts of the planned program, including attending all activities as scheduled. All campers will be in the assigned cabins at the nightly curfew time specified by the camp director. Campers will respect the rights and property of other campers and staff. Campers will follow all Gretna Glen camp rules. Campers should refer any problems or concerns they are having to their counselors or another staff member.

\_\_\_\_\_**BUS CODE OF CONDUCT (please initial)** Stay seated at all times; noise level should be such not to distract the driver; there will be no throwing objects or other disruptive behavior and passengers should enter and leave the vehicle under the direction of a staff member and/or driver and use the buddy system if leaving the vehicle.

\_\_\_\_\_**LOSS OF PRIVILEGES AT CAMP OR BE SENT HOME IF (please initial)** deliberate destruction of facilities or equipment; intentionally harming another camper or staff member; possession or use of fireworks, firearms or knives; possession or use of un-prescribed drugs or alcohol; serious or repeated violations of general camp rules or possession of tobacco products.

\_\_\_\_\_**CELL PHONE POLICY** Camp Can Do rules prohibit the use of cell phones at camp. Due to current times and the growth in technology, we realize that not having a cell phone may seem outdated. However, we believe that cell phones hinder the full camp experience.

Any cell phone brought to camp will be collected upon camper arrival and kept safe by the director team.

If you have an immediate need to contact your child, please call GG at 717-273- 6525. If there are any extenuating circumstances that require communication with your child during camp, please make arrangements with the director team prior to camp.

\_\_\_\_\_**NO SUMMER MEDICATION HOLIDAYS (please initial and sign)** Camp Can Do strongly encourages all campers to continue with any behavior changing medications, such as Aderal, Dexedrine, Dextrostate, Concentra, Ritalin, etc. It is

important that Camp Can Do maintain a certain structure and regiment, much like the school environment. Therefore, it is essential that your child remain on prescribed medication(s) the entire week of camp. This will help ensure the best camp experience for every camper. Often times, behavior that takes place when children are off of their usual medication can be disruptive to other campers and staff. As a result, your child may run the risk of being sent home in the event of a behavior issue. This is not an option that Camp Can Do wants to exercise.

\_\_\_\_\_ **COVID-19 Policy (please initial)** I understand that if my child can't/won't comply with ALL COVID-19 protocols put in place by Camp Can Do and Gretna Glen, they will be sent home. I understand it is the parent's responsibility to ensure that the camper is picked up and taken home as quickly as possible.

\_\_\_\_\_ **Bullying Policy (please initial and sign)** Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with the intent to hurt another. Bullying happens when a person or group of people want to have power over another and use their power to get their way, at the expense of someone else. Bullying can also happen through cyberspace: through the use of e-mails, text messaging, instant messaging, social media, and other less direct methods. This type of bullying can also lead to persons being hurt during or between the camp seasons and be especially hurtful when persons are targeted with meanness and exclusion.

It is our vision at Camp Can Do to provide a welcoming atmosphere and a sense of home for all of our campers through our dedication to quality programming, outstanding service, and inclusion. The spirit of Camp Can Do fosters relationships, builds character, and creates memories that will last a lifetime.

In order to ensure that everyone has this positive experience, we want all of our camp families to understand that the physical and emotional safety of each of our campers is our number one priority. Therefore, at Camp Can Do, bullying is inexcusable and is grounds for immediate dismissal from camp.

**If bullying behavior is witnessed by staff:**

- Immediately intervene and separate. Bullying will never be ignored.
- Calmly address those involved separately and out of the direct attention of other camper
- Report incident to leadership immediately
- Leadership will address with staff at next staff meeting or as deemed necessary.
- Follow up throughout the week with all parties involved. Reinforce positive behavior.

**Responsibilities to the Victim:**

- Support those who were bullied
- Develop strategies to address the problem should it reoccur
- Encourage them to seek help from an adult
- Assure them that it's not their fault they were bullied

**Responsibilities to the Bully:**

- Communicate the bullying behavior witnessed and why it's unacceptable
- Explain effect of their bullying on others and themselves
- Encourage to seek help from an adult when tempted to act out inappropriately

**If bullying behavior is repeated or first-time event is deemed severe:**

- If improvement is not made after intervention, parents of both bully and victim may be contacted
- Parents may have a chance to talk with their child
- A camper may be sent home depending on severity or continued undesired behavior

X \_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

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# CAMP CAN DO CAMPER CONTRACT

We want Camp Can Do to be as much fun as always. The following rules have been developed to ensure that everyone has a fun and safe camp. We would like campers and their parents to read the following rules and sign below if you understand and agree to follow them. This form **MUST** be signed in order to attend Camp. **GENERAL CAMP CAN DO AND GRETRNA GLEN CAMP RULES WILL BE REVIEWED ON THE FIRST DAY OF CAMP**

- Each Camper will follow all bus rules while riding to and from camp.
- Each Camper is to take a full and active interest in every part of the planned program, including attending all activities as scheduled.
- All campers will be in their assigned cabins at curfew specified by the camp director.
- Campers will respect the rights, property and feelings of others campers and staff.
- Campers will follow all Gretna Glen camp rules.
- Campers should refer any problems or concerns they are having to their counselors, camp director or medical staff.
- Campers will not participate in bullying behavior at camp
- Campers will follow camp rules regarding communication devices (phones, cameras, MP3 players/iPods, etc.)
- Campers will follow Camp Can Do rules regarding social networking, Facebook & the internet.

## **BUS RULES**

- ✓ Stay seated at all times
- ✓ Noise level should not distract the driver
- ✓ There will be no throwing objects or disruptive behavior
- ✓ Campers should enter and leave the bus as directed

## **CAMPER MAY LOSE PRIVILEGES OR BE SENT HOME IF THEY ARE INVOLVED IN THE FOLLOWING:**

- ✓ Deliberate destruction of facilities or equipment
- ✓ Intentionally harming another person
- ✓ Possession or use of fireworks, firearms, knives or other weapon
- ✓ Possession or use of drugs or alcohol
- ✓ Serious or repeated violation of general camp rules
- ✓ Possession or use of tobacco products

Camper Signature (**REQUIRED**): I understand and agree to follow the Camp Can Do Camper Contract and am aware that I may lose privileges at camp or be sent home if I do not follow these rules:

Camper Name: (please print) \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (**REQUIRED**): I have read and understand the Camp Can Do rules and I am aware that my child may lose privileges at camp or be sent home if rules are not followed. It is my responsibility to pick up my child should they be sent home because of their behavior.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Camper Medical History Form

*To be completed by parent or guardian*

**Camper Name:**

List any Learning Differences (ADHD, Asperger's, Autism, etc.). \*Please note: This information will not be shared outside of our staff. No discrimination will result from the disclosure of any learning differences. This information is collected so that we can BEST serve your child.

**Name of Sibling who has/had cancer:**

**Has Camper completed therapy?**     Yes     No    **If yes, date of most recent treatment:**

**Type of Treatment:**

**Treatment Facility:**

**Drug Allergies:**

**Food Allergies:**

**Environmental Allergies** (bees, latex, etc.):

**Height:**

**Weight:**

**Devices:**     Glasses     Hearing Aids     Contacts

Other (explain):

**Describe any special conditions needed while at camp:**

Describe any physical disabilities, limitations or restrictions:

**All applications must be received by July 15, 2022**

You will receive an email from CampDoc asking you to complete your child's full medical history.

**NO Camper will be allowed to attend camp without a completed Medical Form!!!!**

Any Medications sent to camp with your child need to have the **original containers with the patient's name, medication name, dosage and times given printed clearly on the label**. You may send medications in a medication box but **original medication containers** MUST accompany it!!!!



# Gretna Glen Camp & Retreat Center & Camp Can Do 2019

## AUTHORIZATION FOR MEDICATION ADMINISTRATION

Questions Call: 717-273-6525 Fax: 717-273-6045

**Due to legal policies that govern healthcare at camps, all medications that are not listed under the Gretna Glen Medication List below, whether prescribed or over the counter must have a doctor/health care providers signature on this document for our healthcare team to dispense to your child.**

Gretna Glen may dispense this list of medications to your child with your permission from the signed **Camper Health History Form**. This **Authorization for Medication Administration Form** is only needed for medications you are bringing with you for your child. **All Medications MUST be in their original container.**

Our health care office has inventory of the following medications: Acetaminophen(Tylenol), Ibuprofen(advil, motrin), diphenhydramine antihistamine/allergy medicine (Benadryl), Tums, non-sedating Antihistamine/allergy medicine loratidine (Claritin), laxatives for constipation (Milk of Magnesia), Sore throat spray, calamine lotion, cough drops, antibiotic cream, aloe or burn gel, bismuth subsalicylate/loperamide for diarrhea (Pepto Bismol, Imodium), Antacids (Tums), hydrocortisone cream 1%

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

Reason for Medication(s) \_\_\_\_\_

**PHYSICIAN CERTIFICATION** - I certify that the medication listed below are to be taken during this child's camp week and are medically necessary. This includes prescribed and over the counter medications.

\_\_\_\_\_  
 (Health Care Provider Name) (Health Care Provider Signature) (Phone) (Date)

Medication Name(s) / Dosage(s)	Time(s) : B-Breakfast, L-Lunch, D-Dinner, HS-Bedtime
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____

**PARENT/GAURDIAN AUTHORIZATION**

I, \_\_\_\_\_ give my consent to the Health Care  
 (Name of Parent/Guardian)

Staff to administer the above medication(s) to my child/camper \_\_\_\_\_  
 (Name of Camper)

during their time at Gretna Glen from \_\_\_\_\_ through \_\_\_\_\_

(Starting Date)

(Closing Date)

(Signature of Parent/Guardian)

Date

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