

2021 SUMMER CAMPS

High
School

July

19-24

Middle
School

July

26-30

Harvey Cedars Bible Conference

Photos by Meghan Spatz

Dear Parents,

One of our most impactful experiences of the year has come upon us: a week away at Harvey Cedars Bible Conference. Now, I have spent at least one week almost every summer since 2003 at HCBC (and in recent years, more than one week). And every time, without fail, God has worked in my life. Not because I am an especially holy person, or because I have some extra-special connection to God, but because the week-long experience at HCBC removes us from our “normal” lives and focuses intently on our relationship with God.

Contrary to popular belief, spending time with God is not just about reading the Bible and praying every day. During this week of camp, students will be engaged in activities like singing, dancing, games, sports, swimming, and especially going to the beach – all of which will direct them to God. We participate in morning devotions and worship activities, and we devote even more time to hearing from God’s Word and worshipping Him in the evening. Unlike our typical home routine, every day at HCBC is packed with activities to focus our attention on our Lord.



Throughout the past year, I have been meeting with the pastors from each of the churches involved in this week at HCBC to plan out an awesome camp experience. We’ve spent a considerable amount of time in prayer and preparation to ensure that this week will be both fun and impactful for the students. This week has the potential to change the trajectory of your students’ lives forever, so please be praying for them and for the leaders that this week would bring them closer to God than they have ever been before. Thank you so much for allowing your student(s) to be a part of this amazing experience!

Michael Spatz
Director of Student Ministries
First Baptist Church Metuchen



FOR PARENTS ~

a "Fridge Page" that contains vital information at a glance.

High School
July 19-24

2021
CAMP DATES

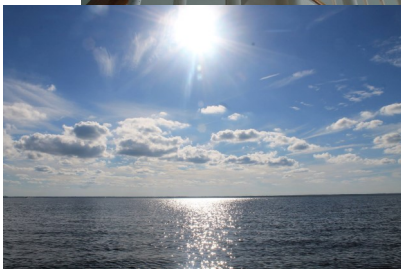
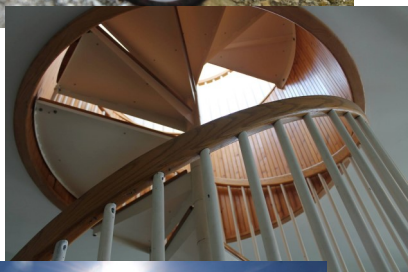
Middle School
July 26 - 30



Your role in helping your student(s) prepare for camp is essential.

You can do this by:

- **Reviewing all the information in this packet** with your son/daughter.
- **Reviewing the regulations** of Harvey Cedars. If your teen becomes a discipline problem, you will be called and expected to pick him/her up. We have not had to use this policy in several years but it will be enforced.
- Asking questions before and after camp that spark awareness of God's work in your student's life.
- Praying for your student and his/her leader.
- Reviewing the **Do Not Bring List (this includes cell phones)** with your son/daughter and then following up to ensure they listened.
- **Buying your daughter a one-piece swim suit** or very modest tankini (she will not be allowed to wear a two piece, even if it has a t-shirt over the top of it) **or your son a boxer-type swim suit.**
- Sending extra money so they can participate in extra-curricular activities, go to the bookstore, and buy snacks.
- Reminding your student to wear sunscreen, and caution them about sun burn.
- **Medications** - If your child will be taking medications during the week, they must be in their ORIGINAL containers, placed within a zip lock bag and submitted at registration.



EMERGENCY CONTACT INFORMATION

Harvey Cedars Bible Conference, 12 Cedars Avenue,
Harvey Cedars, NJ 08008, 609-494-5689

Directions to Harvey Cedars:

Parkway South to Exit 63. Take Rt. 72 East to dead-end on Long Beach Island. Turn left at light and travel approximately 4.5 miles to second traffic light in town of Harvey Cedars. Turn left at light (Camden Ave.). Cross small bridge and turn left onto Cedars Ave. Conference is on the right. The main desk is in the center of the large hotel building. This is where we would meet.

Phone Calls:

If calling the camp, tell them you want to speak with one of the leaders (give them the name) from First Baptist Church of Metuchen. Make sure you give them your name, phone number, and message. The leader will return your call as soon as possible.

Michael's cell: 732-439-7875

Be at First Baptist Church on Monday at 8:00 a.m. SHARP!

***We will arrive back between 3:00 and 4:00 p.m. on Saturday - High School only
Friday - Middle School only***

For Students & Leaders

HARVEY CEDARS YOUTH WEEK REGULATIONS

Any group must have some guidelines and regulations in order to function effectively and to allow everyone to enjoy themselves. Since there are many churches involved in these weeks, there are many different standards and ideas. In order to have weeks where we all work under the same guidelines and for continuity from year to year, the following have been developed to ensure everything runs smoothly.

You may not agree with each regulation, but we expect everyone to abide by these during our weeks together. At the end of each week, the Pastors and/or Youth Leaders of each church involved will meet to discuss the week, and at that time, an opportunity will be given to update, change, or add something to this list to make our weeks better for the Lord.

- ⊗ Please, no food or beverage in the Chapel.
- ⊗ Each teen and leader is to be attentive and involved in Chapel programs. Each group (teens and leaders) should sit together.
- ⊗ Everyone is to bring a Bible, notebook, pen, etc. to breakfast and to all meetings.
- ⊗ No teen may leave the Conference grounds without permission and supervision.
- ⊗ Attendance is required at all events – this includes all meetings, meals and scheduled events.
- ⊗ Even when not participating in an athletic event or group event, each teen is expected to be with their team giving moral support and to be involved.
- ⊗ After the evening service, no one is to go on the road that runs behind the Chapel, nor is anyone to go beyond the roadway by the gym.
- ⊗ When going to or from the beach, walk on the path beside the road – not in the street or with groups that extend across the roadway – and cross the main street only at and with the traffic light. Students must go to/from the beach in groups of 2 or more, usually with a leader.
- ⊗ When at the beach, be sure that each teen reports to a counselor, who then **must** know where he/she is. Also, report to the counselor before leaving the beach.
- ⊗ MODEST APPAREL IS TO BE WORN AT ALL TIMES. THIS INCLUDES AT THE BEACH. BATHING SUITS FOR GIRLS MUST BE A ONE-PIECE OR VERY MODEST TANKINI – NO VERY HIGH CUT SUITS ARE TO BE WORN. BOYS MUST ALSO WEAR MODEST SWIM SUITS – NO SPANDEX TYPE OR SWIM TEAM TYPE ARE TO BE WORN.
- ⊗ Since we are at a camp-type situation, casual clothes and athletic type apparel is acceptable. No spaghetti strap shirts and no cleavage showing for the girls. No underwear showing above pants for boys or girls.
- ⊗ Shoes must be worn in the dining hall and chapel at all times.
- ⊗ Please act properly in the dining hall. Do not leave your table or area a mess. Show proper table manners. Do not make extra work for others.
- ⊗ Tables will be assigned to each group in the dining hall. Please sit at these tables for each meal. There may be special meal times (they will be announced) when teens will be allowed to sit at any table in the dining hall.
- ⊗ While we encourage young people to get to know one another and to meet friends, we do ask that there be NO DISPLAYS OF AFFECTION WHILE AT HCBC (such as holding hands, kissing, hugging etc.).
- ⊗ Please be considerate of the neighbors of the Bible Conference. Everyone needs to observe the lights out and quiet time assigned. No one is to be yelling out the windows at night.
- ⊗ Be respectful of all camp staff.

Come with GREAT ATTITUDE so that you will have more fun, make closer and new friendships, and be challenged!

Leaders: These regulations are not to restrict the teens and take away their fun, but they are for the good of the entire group and to help establish a proper atmosphere for the week so that the Holy Spirit can work in each life. Each youth leader and counselor is expected to help enforce each regulation. Thank you for your cooperation.

Be at First Baptist Church on Monday at 8:00 a.m. SHARP!
We will arrive back between 3:00 and 4:00 p.m. on Saturday - High School only
Friday - Middle School only

The following “NO’s” to be observed at HCBC:

NO smoking, alcohol, drugs, chemicals, or any other substance that would impair the human body.

NO fireworks, knives, guns, illegal items of any kind.

Make no mistakes, you WILL BE SENT HOME for bringing any of the above items!

NO Sleeping Bags.

NO refrigerators.

NO technological equipment (ipods, CD players, radios, gameboys, electronic games, cell phones, pagers, laptop computers, etc.) .

NO books (without approval of leaders) or magazines.

NO water balloons, water guns, slip-n-slides, and the like.

NO skateboards, scooters, rollerblades.

NO swimming, pushing, shoving, or throwing anyone off the dock.

NO swimming is allowed on the beach after hours and without qualified lifeguards present.

NO going into rooms or on the floors of the opposite sex.

NO one is to be in another’s room with intent to mess it up or damage property.

NO use of the fire escape, except for what it is designed.

NO one is to be out of their room in the morning before 6:45 AM.

NO taking the screens out of the windows.

Why do these NO’s exist?

No’s exist to prevent one from being distracted from getting the most out of his/her time at camp, from isolating themselves from others or from new or closer friendships, or even hurting themselves or someone else physically, emotionally, or spiritually. Even if you think you can handle it, we are asking you to give up these items for the week with hope that it may help someone. Your understanding and cooperation is very much appreciated.

These regulations are not to restrict the teens and take away their fun, but they are for the good of the entire group and help establish a proper atmosphere for the week so that the Holy Spirit can work in each life. Each youth leader and counselor is expected to help enforce each regulation. Thank you for your cooperation.

?? WHAT DO WE DO AT CAMP ??

During free time, you have many options! You can hit the beach, play some sports, go swimming at the indoor pool, or just about anything that is FUN!! Throughout the week, there will be competitions that will include team work and also individual participation! Some of the areas that you could contribute to are:



Sports
Track events
Handball
Dodge ball
Water polo
Volleyball
Ping-pong games
Music competition
(bring CD, music, or instrument)
Sand sculpture
Creative writing

Also, during this week you will have GREAT speakers, participate in FUN music, acquire LASTING friendships, and get EXCITED about life!

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We will arrive back between 3:00 and 4:00 p.m. on Saturday - High School only
Friday - Middle School only

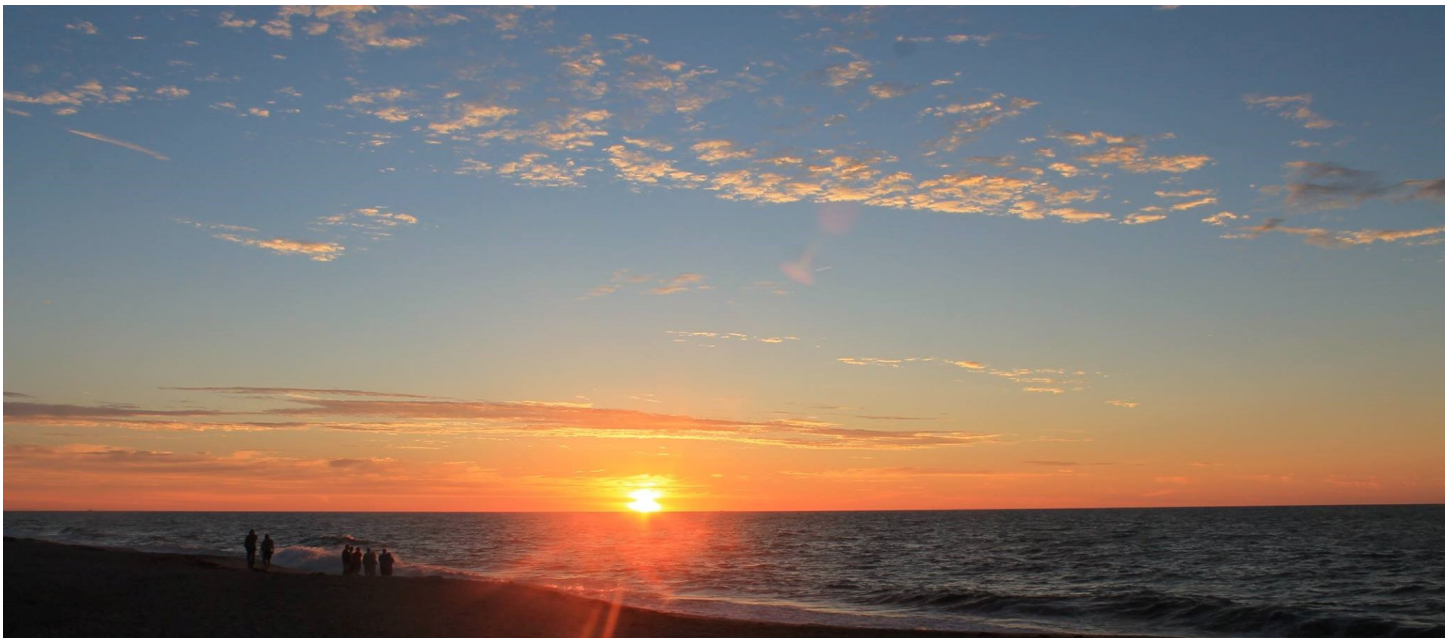
To Bring List

Bedding (blanket, sheet, and pillow) are provided – **Do NOT bring a sleeping bag!**

- ☐ Bible (If you do not have one – see me!)
- ☐ Pens/pencils, notebook
- ☐ Personal grooming items (soap, shampoo, deodorant, toothbrush, toothpaste, comb, etc.)
- ☐ Towels for showers *and* the beach, Beach Blanket
- ☐ Casual clothing for the day – Warmer clothing for the evening –
 ENOUGH clothing for the week *KEEP MODESTY IN MIND AT ALL TIMES*
- ☐ Sleeping attire
- ☐ At least 2 pair of footwear; sneakers, beach shoes, etc.
- ☐ Modest swimwear (ladies – one piece only or very modest tankini) (guys – boxer style)
- ☐ Sunglasses, sunscreen, sunburn cream, bug spray
- ☐ Camera, batteries
- ☐ Beach games & Water stuff
- ☐ Sports equipment – Tennis racquet, baseball glove, soccer shoes, etc.
- ☐ Extra \$ for snacks, gifts, pizza, mini-golf (approx. \$30)
- ☐ Great Expectations – so that you will have more fun, make closer and new friendships, and be challenged

Some items to leave at home

- ◆ Weapons, fireworks, knives, illegal items of any kind
 - ◆ Drugs, Cigarettes, Alcohol or any substance that would impair the human body
- YOU WILL BE SENT HOME for bringing any of the above items.
- ◆ Boyfriends, Girlfriends
 - ◆ Cell phones
 - ◆ Video game equipment, games, ipods, etc.
 - ◆ Skateboards, scooters, rollerblades, water balloons, water guns, slip-n-slides, etc.
 - ◆ Bad attitude
 - ◆ Anything that will keep you from having the most awesome week ever!



Covid-19 Protocol for Harvey Cedars Bible Conference updated 6.16.21

1. **Screening:** All camp attendees will be screened for symptoms prior to travelling to camp. The screening serves as the “ticket to camp” and needs to be completed in its entirety prior to arrival. Review of symptoms, temperature check and approval should be done prior to departing for camp.
 - A. Individuals with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness, including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
 - B. Symptoms may appear 2-14 days after exposure to the virus.
2. **Fully vaccinated** attendees will need to provide proof of vaccination (attach a photocopy of the vaccination card, complete with type of vaccine and administration dates). A person is “fully vaccinated” 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.
3. **Unvaccinated or partially vaccinated attendees** will need to provide proof of a negative result from a **lab verified** viral Covid-19 test collected within 72 hours before arrival. Two types of viral tests are used: [nucleic acid amplification tests \(NAATs\)/PCR](#) and [antigen tests](#). Both types will be accepted.
4. **Persistent positive test:** anyone who has tested positive for Covid-19 within 90 days of arrival and tests persistently positive will be cleared to come to camp, provided they are asymptomatic (with the exception of loss of taste/smell, which can linger). The initial positive test **MUST** be presented along with the most recent test result from a test done within 72 hours before arrival.
5. If a camp attendee **tests positive for Covid-19 within 10 days of the start of camp**, they will not be cleared to come to camp until they meet the criteria for ending isolation noted below. They will need to be cleared by the Youth Pastor or Camp Nurse prior to arrival by submitting proof of the positive Covid-19 test that includes the date collected and/or result) and completing the screening form.
6. Criteria for ending isolation:
 - A. Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
 - i. At least 10 days have passed since symptom onset **and**
 - ii. At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and**
 - iii. Other symptoms have improved.
 - B. Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms may discontinue isolation and other precautions 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

7. If a camp attendee is a close contact to someone who has tested positive for Covid-19 within 14 days of the start of camp (May 31 or later for Jr. High), and is **not fully vaccinated**, they will not be cleared until their 14-day quarantine period has passed, they are symptom free, and present a negative, lab verified Covid-19 test collected within 72 hours prior to arrival. Please submit screening questionnaire and Covid-19 test to Youth Pastor or Camp Nurse prior to arrival.
 - A. Close contact is defined as:
 - i. You were within 6 feet of someone who has COVID-19 for a total of 10 minutes or more.
 - ii. You provided care at home to someone who is sick with COVID-19.
 - iii. You had direct physical contact with the person (hugged or kissed them)
 - iv. You shared eating or drinking utensils.
 - v. They sneezed, coughed, or somehow got respiratory droplets on you.
8. If a camp attendee is a close contact to someone who has tested positive for Covid-19 within 14 days of the start of camp, and is **fully vaccinated or has had Covid-19 within the past 90 days** and they have submitted proof of vaccination and/or positive Covid-19 test result, provided they are symptom free, they will not be required to quarantine.
9. Any camp attendee presenting with symptoms of Covid-19, regardless of history of Covid-19 or vaccination status, following evaluation by the Camp Nurse, may be asked to return home and be tested for Covid-19. Readmittance to camp will only be granted with a negative Covid-19 PCR test and resolution of symptoms.

References:

[COVID_Reopening Camps.pdf \(state.nj.us\)](#)

[COVID-19: When to Quarantine | CDC](#)

[Test for Current Infection | CDC](#)

[Ending Home Isolation for Persons with COVID-19 Not in Healthcare Settings | CDC](#)

Students and Parents:

For ALL Forms – please:

Use child's given name (no nicknames).

Use ink.

PRINT – in an emergency, you will want people to be able to read the information.

Completely fill out all forms.

Submit original forms – do not photocopy.

Print all forms on one side of paper only.

Forms required to attend camp:

1. "Youth Week Registration Form"

a. Read entire Summer Camp Packet.

b. After reading packet, both Student and Parent must sign this form *in ink*.

2. "Waiver of Liability Release Form" – only required for **High School Students**.

3. First Baptist Church's "Blanket Permission Slip" form:

a. Required for all students traveling with First Baptist Church Youth Group.

b. If form was previously submitted, you do not need to submit again.

4. "Harvey Cedars Health History Form":

a. Please fill out completely.

b. Immunization information is required and must be current.

Include all dates on form or submit photocopy of record from health care provider.

Plan ahead to allow enough time to receive information from your health care provider.

"Medications"

c. ALL medications (prescriptions, over the counter, vitamins, etc.) must be turned in to nurse while at camp. Please follow instructions below.

d. List all medications to be taken at camp on the "Harvey Cedars Health History Form".

e. If medications change after submitting form, bring corrected form with you on Monday.

f. All medication must be in *original* pharmacy containers clearly labeled with student's name and instructions and placed in a clear ziploc bag labeled with student's name. Any special instructions must be clearly written and placed inside the bag.

g. All medication & corrected forms must be turned in to Leader on Monday morning.

5. Harvey Cedars Camp Clearance Form (please read Covid-19 Protocols)

This form **ONLY** is to be turned in on Monday of departure for camp.

If unvaccinated, you must also attach a copy of a scheduled Covid test within 5 days after camp.

6. Insurance Card

*Photocopy **BOTH sides** of student's insurance card on the SAME SIDE of the paper.*

Enlarge slightly so all information is legible.

Return all completed forms as soon as possible:

at Summit on Wednesdays

or to First Baptist Church office, Attn: Marilyn Langholff

225 Middlesex Ave., Metuchen, NJ 08840

All forms (except Harvey Cedars Camp Clearance Form) must be received NO LATER than July 14, 2021.

Due to vacation schedules, no forms will be accepted after this date.

NO exceptions! – you can not attend camp if forms are not received – no camp refunds for late forms

THANK YOU!

PLEASE PRINT!



2021 Youth Week Individual Registration Form

Church: First Baptist Church, Metuchen Week attending: ___ HS: July 19-24
 ___ MS: July 26-30

Camper Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Camper's Current Grade: _____ Age: _____ Male/Female (Circle One)

Dietary needs: Gluten-free ___ Dairy-free ___ Vegetarian ___ (Check all that apply)
 We can accommodate the above needs. Other needs must be met by individual bringing food to supplement meals.

T-Shirt Size (adult XS,S,M,L,XL, etc.): _____ Home Phone #: _____

Parent's/ Guardian's Name(s): _____

Cell Phone #'s – Mom's: _____ Dad's: _____

I, the undersigned, promise to abide by the rules established for the Youth Weeks at HCBC.
 I understand that my parents will be contacted and I may be sent home (without refund) if the rules are disregarded. I am also responsible to pay for damages to facilities or private property.

Signature of Camper

Date

If the camper needs to be discharged, who is able to pick up the camper?

Name: _____ Cell: _____

*HCBC may use photographs taken during youth weeks for various purposes on our website, in our brochures, etc. If you would prefer us to not use your picture, please check this box: ☐

I give permission for my child to attend Summer Camp at Harvey Cedars Bible Conference from:

Check one

___ July 19 - 24, 2021, with the High School Youth Group

___ July 26 - 30, 2021, with the Middle School Youth Group

of First Baptist Church, Metuchen.

I also hereby give permission for church staff/counselor to accompany my minor child on any off-site trips, including, but not limited to, a hospital or doctor's office as needed.

Signature of Parent/Guardian

Date

The Davis Center at
Harvey Cedars Bible Conference

Registration Form (Exercise Room)

Waiver of Liability Release Form

In consideration of being allowed usage in the exercise room, the undersigned acknowledges and agrees that:

1. The risk of injury from the activities involved in these areas is significant, including but not limited to the potential for permanent paralysis and death, serious injury to internal organs, musculoskeletal injuries and possible impairment to my general health and well-being.
2. I knowingly and freely assume all responsibility for any risk of loss, property damage, or personal injury that may be sustained by me, or any loss or damage to property owned by me, as a result of my use of the exercise equipment in the exercise room.
3. I further agree to release and hold harmless Harvey Cedars Bible Conference from all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property or injury, sickness or death, which may result from my participation in activities in the exercise room.
4. I willingly agree to comply with The Davis Center's rules and regulations.
5. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in The Davis Center's activities, including the exercise room.
6. I understand that medical examination to assure myself of physical fitness is desirable, that obtaining such an examination is my own responsibility.

In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability Form, understand it, and sign it voluntarily as my own free act and deed. I am at least eighteen (18) years of age and fully competent. If under 18, my parent or guardian shall also sign.

Adult Guests (18 and over)

Print Name

Signature

Date

Emergency Contact Name: _____

Emergency Contact Phone: _____

For participant of Minority Age (age 15 to 17)

This is to certify that I, as **parent/guardian** with legal responsibility for this participant, do consent and agree to his/her release as provided above.

Print participant's name

Print Parent/Guardian Name

May 2013

Parent/Guardian Signature

Date



I, the undersigned, do hereby give consent for my student named below to participate in all activities scheduled on or off church property, for the Student Ministry of First Baptist Church, Metuchen, and also give permission for my student to be transported to and from these activities. I understand that reasonable precautions will be exercised by the adults chaperoning each event and that adults will adhere to First Baptist Church's Child Protection Policy at all times.

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I give my permission to secure the services of any licensed medical personnel to provide necessary medical services, in the event that my student is injured or becomes ill. I understand that First Baptist Church, Metuchen will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as a parent or guardian.

I certify that my student is physically fit and adequately prepared to participate in all recreational and sporting events, except as specifically listed below. I agree to notify First Baptist Church in writing of any health changes that would restrict my student's participation in normal youth activities.

I understand that I will also be required to complete and sign additional permission slips for all activities which occur off church property, which will signify that I am aware of the specific dates, times, requirements, and activity for each particular event.

By signing below, I acknowledge and accept the risks of physical injury associated with participation in Student Ministry activities. I accept personal financial responsibility for any bodily or personal injury sustained during these activities.

Please neatly print in ink all information except signature

Student's Legal Name: _____ Date of Birth: ____/____/____
Month Day Year

Address: _____ City: _____, NJ Zip: _____

Mother's: Name: _____ Cell #: _____

Father's: Name: _____ Cell #: _____

Family Doctor's Name: _____ Phone #: _____

Student's personal/family medical insurance: Policy #: _____

Name of Insurer: _____ Group #: _____

Physical handicaps or illnesses that would prevent my student from participating in normal rigorous activity: _____

Allergies: _____

My student can be given the following (or generic equivalent) over-the-counter medications:

Please circle all that apply: Tylenol Advil Motrin Aspirin Benadryl

This permission shall remain in effect until August 31, 2021 unless terminated in writing.

Signature of Parent or Guardian

Date



Camper Name: _____
Last

Church name: _____ Youth Week attending: _____ Jr. High / Sr. High (Circle one)

Camper Name: _____
First Middle Last

☐ Male ☐ Female Birth Date _____ Age at time of Youth Week _____
Month/Day/Year

Camper Home Address: _____
Street Address City State Zip

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____

Preferred Phones (_____) _____ or (_____) _____ Email: _____

Home Address: _____
(If different from above) Street Address City State Zip

Additional Contact if parent(s) /guardian(s) cannot be reached:

Name: _____ Relationship to Camper: _____

Preferred Phones (_____) _____ or (_____) _____ Email: _____

Allergies: ☐ No Known Allergies ☐ This Camper is allergic to: ☐ Food ☐ Medicine
☐ The environment (insect stings, hay fever, etc.) ☐ Other
Please Describe below what the camper is allergic to and the reaction seen:

Dietary Requests: ☐ Requires gluten-free diet. ☐ Requires dairy-free diet. ☐ Requires vegetarian diet.
All other dietary requests will require supplementary items be brought in for meals. A menu can be requested in advance.

Restrictions: Does the camper have any physical restrictions limiting their participation?
(Please describe below)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

Include a copy of your insurance card; copy both sides of the card so information is readable.

Insurance Company: _____ Policy Number: _____

Subscriber: _____ DOB: _____ Insurance Company Phone (____) _____

Parent /Guardian Authorization for Health Care

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian: _____ Date: _____

Relationship to Camper: _____

If for religious or other reasons you cannot sign this, please provide explanation in writing.

First

M.I.

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health care providers or state or local governments are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/year	Most Recent Dose Month/year
Diphtheria, Tetanus, Pertussis ★ (DTaP) or TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, Measles, Rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus Influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (Chicken Pox) <input type="checkbox"/> Had Chicken Pox Date: _____						
Meningococcal Meningitis (MCV4)						

Tuberculosis (TB) Test Date: ☐ Negative ☐ Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ **Date:** _____

Relationship to Camper: _____

Medication ☐ This camper will not take any daily medication while attending camp
☐ This camper will take the following daily medication(s) while attending camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies.

New Jersey Law requires medication to be in original pharmacy containers with labels which show the camper's name and how the medication should be given. Please provide enough of each medication to last the entire time the camper will be at camp. New Jersey law also requires all medications to be administered by the Camp Nurse/Health Director and not kept in the camper's accommodations.

Name of Medication	Date Started	Reason for Taking	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other :		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other :		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other :		

The following non-prescription medications may be stocked in the Camp Health Center and are used on an as-needed basis to manage illness and injury. **Please cross out and initial those medications the camper should not be given.**

Acetaminophen (Tylenol) [Please initial _____]	Ibuprofen (Advil, Motrin) [Please initial _____]
Phenylephrine decongestant (Sudafed) [Please initial _____]	Cough Syrup [Please initial _____]
Antihistamine/allergy medicine (Benadryl) [Please initial _____]	
Bismuth Subsalicylate for Diarrhea (Pepto-Bismol) [Please initial _____]	Imodium [Please initial _____]
Laxatives for constipation (Ex-Lax) [Please initial _____]	

As the parent/guardian of the above camper, I request that the medication described above be administered to my child and release Harvey Cedars Bible Conference and/or the Church Youth Pastor/Leader from liability for any damages my child may suffer as a result of this request.

Signature of Custodial Parent/Guardian: _____ **Date:** _____

General Health History: Check "Yes" or "No" for each. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|---|--|--|--|
| 1. Ever been hospitalized?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had eye surgery?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent surgery?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?.. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Recent operations/accidents (head injuries, fractures etc) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 11. Had fainting or dizziness?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 12. Passed out/had chest pain during exercise?... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please explain "Yes" answers in the space below noting the number of the question(s).

For travel outside the country, please name the countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement

Has the camper:

- | | |
|---|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below noting the number of the question(s).

Harvey Cedars Bible Conference may contact you for additional information.

Health Care Providers:

Name of camper's primary doctor(s): _____ Phone: (____) _____

Name of dentist(s): _____ Phone: (____) _____

Name of orthodontist(s): _____ Phone: (____) _____

Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

HARVEY CEDARS CAMP CLEARANCE FORM (6/16/21)

Name/Entering Grade: _____ / _____

Church: _____

Youth Group Leader: _____

Parent Name/Cell Number: _____ cell: _____

If unvaccinated or partially vaccinated*, please attach documentation of Negative COVID test result from test taken within the last 72 hours. [*Partially vaccinated: less than two weeks since one-dose vaccine or since second shot of two-dose vaccine, or have not received second dose of two-dose vaccine.]

If vaccinated, please attach documentation of vaccination.

In the past 24-48 hours, have you experienced any of the following?

- fever greater than 100 **Y / N**
- chills **Y / N**
- cough **Y / N**
- shortness of breath **Y / N**
- headache **Y / N**
- nasal congestion **Y / N**
- runny nose **Y / N**
- sore throat **Y / N**
- shortness of breath **Y / N**
- fatigue **Y / N**
- muscle or body aches **Y / N**
- vomiting **Y / N**
- diarrhea **Y / N**
- loss of sense of taste or smell **Y / N**

IF YES to any of the above, please explain:

If you have any symptoms noted above, have you taken any medication to improve those symptoms? If so, what medication?

Have you been diagnosed with Covid-19 in the past 90 days?

If so, on what date (approximately)?

LEADER REVIEW (at time of departure from church)

TEMPERATURE: _____

COVID test result or vaccination documentation attached: _____

CLEARED FOR CAMP BY: _____

For questions, please contact Camp Nurse Kristin Quesenberry, RN, BSN @ 717-421-2411