



YSS
125 3rd Street
Ames, Iowa 50010
O: 515.233.2250, ext. 4575

Statewide Coordinator
Ruth Buckels
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2018 Variety AMP Camp Youth Application

June 20 - June 26, 2018

FOREST LAKE CAMP - 11733 Copperhead Road, Bloomfield, IA 52537

Name _____ Age _____

AMP Council Member Yes _____ No _____ Adult shirt size _____

Your Cell Phone _____ Home Phone _____

Your Email Address _____

Names of Adult(s) You Currently Live With _____

Relationship to You _____

Adult(s) Cell Phone _____ Work Phone _____

Email Address _____

Name of Adult Who Has Guardianship _____

Relationship to You _____

Cell Phone _____ Work Phone _____

Email Address _____

AMP is looking for current AMP members age 15 and older, who are interested in becoming leaders in your council as well as your community, to attend 2018 Variety AMP Camp at no cost. Youth that are not current AMP members will also be considered to attend. Your attendance is based on the application below and your willingness and ability to follow our "Expectations of a 2018 Variety AMP Camper" which is posted on the AMP website (www.ampiowa.org). Please return your completed application to your AMP Facilitator or the YSS Family Counseling Center (Attn: AMP), 125 S. 3rd Street, Ames Iowa 50010 by June 1, 2018.

1. Would you characterize yourself as a positive person? If yes, why?
2. What qualities do you think a person needs to become a self-sufficient young adult?
3. Describe the skills you have to interact with new people and make new friends.
4. Describe a time in your life when you displayed qualities of leadership (for example volunteered to help at an AMP council meeting, volunteered at church, led a group at school, etc.).
5. Describe a time when you worked in a team setting (for example, what role you took, what you offered to the team, what the team accomplished, etc.)
6. In preparation for your time at Variety AMP camp, what are your favorite snack foods?

Camper Health History Form

Must be filled out completely. Please print clearly in ink.

We use this information to: (1) Brief kitchen staff on dietary needs; (2) Education staff about camper needs; and (3) Provide healthcare staff with background information about your child.

Receiving adequate information prior to your child's arrival is crucial to our ability to provide a supportive environment.

Name _____ Date of Birth: ____/____/____
First Middle Last

Home Address _____ Age at Camp: ____
City State Zip

Gender camper identifies as (circle one): Male Female Other: _____

Emergency Contact Information:

First Contact _____ Relationship _____ Availability _____

Day Phone (_____) _____ Evening Phone (_____) _____ Cell Phone (_____) _____

Second Contact _____ Relationship _____ Availability _____

Day Phone (_____) _____ Evening Phone (_____) _____ Cell Phone (_____) _____

Third Contact _____ Relationship _____ Availability _____

Day Phone (_____) _____ Evening Phone (_____) _____ Cell Phone (_____) _____

Insurance/Billing Information:

Parents/guardians are financially responsible for health care given by an out-of-camp provider.

Insurance Company Name: _____

Policy Number: _____ Group Number: _____

Name of Policy Holder: _____

Policy Holder Place of Employment: _____



Photocopy of front and back of health insurance card must be attached to this form.

This camper is not covered by family medical/hospital insurance.

Provider Information:

Name of family doctor: _____ Phone number: _____

Name of family dentist: _____ Phone number: _____

Allergies:

This camper has no known allergies.

Food allergies: _____

Does this cause anaphylaxis? YES NO

Describe reaction if this food is eaten and what is done to manage it: _____

Medication allergies: _____

Does this cause anaphylaxis? YES NO

Describe reaction and what is done to manage it: _____

Environmental allergies: _____
 Does this cause anaphylaxis? YES NO
 Describe reaction and what is done to manage it: _____

Bee/Wasp stings
 Does this cause anaphylaxis? YES NO
 Describe reaction and what is done to manage it: _____

This camper carries an Epi-Pen

Additional information regarding allergies: _____

Diet:
 This camper eats a regular and varied diet.
 This camper is a picky eater.
 This camper is a vegetarian. [Circle items that child will eat: Fish Chicken Eggs Milk Butter Cheese]
 This camper is lactose-intolerant.
 Uses a product like Lactaid and/or can self-manage the intolerance.
 Needs lactose-free diet.

Additional information regarding diet: _____

Medication:
 This camper does not take any medication.
 This camper does take medication (listed below):

Please list all medications (including over-the-counter and prescription) being taken routinely by the camper.

Medication	Dosage	Time(s) of Day	Reason for taking /Diagnosis

**** Bring enough medication to last the entire stay. All medication must be in its original packing bottle that identifies the prescribing physician (if prescribed), the name of the medication, dosage and frequency of the dosage. ****

These over-the-counter medications may be used to manage illness or injury during the camp or event and dispensed as directed by our medical protocols.

Cross out those which your camper/event participant SHOULD NOT be given:

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	Anti-diarrhea (Imodium)	Allergy Medicine (Benadryl, Zyrtec)
Cold Medication	Antacid (Tums, Rolaids)	Pepto Bismol	Cough drops or syrup
Sore throat drops\spray	Aloe Vera	Calamine lotion	Hydrocortisone cream
Antibiotic ointments\creams	First Aid spray	Burn cream	Zanfel (poison ivy cream)

Health Concerns:

- This camper has no chronic health concerns and is capable of full participation in this program.
- This camper has a recent illness, injury, or surgery which may affect program participation:

Mental and Emotional Health:

Please circle any of the following in which the camper has been diagnosed with:

ADHD	Anxiety	Depression	Tic Disorder	Tourette's Syndrome
Autism Spectrum Disorder	Behavior Disorder	Obsessive Compulsive Disorder	Schizophrenia	
Bipolar	Pervasive Development Disorder	Oppositional Defiant Disorder	Other: _____	

- This camper has had a mental health hospitalization in the past. Date of last hospitalization: _____
- This camper has seen or is currently seeing a professional to address mental/emotional health concerns.
- This camper has triggers of past trauma. Explain: _____
- This camper has a learning disability. Explain: _____
- This camper has a history of sexual misconduct (perpetrating, predator behaviors, previous sex offender). Explain: _____

Other information regarding mental/emotional health: _____

General Information:

- This camper typically makes noise while sleeping (snores, talks in sleep, etc.). Yes No
- This camper has a history of bedwetting. Yes No
- This camper has a history of sleepwalking. Yes No
- This camper has a history of being afraid of the dark. Yes No
- This camper usually gets up at night to use the bathroom. Yes No
- This camper uses contact lenses (consider bringing an extra pair) or glasses to correct vision. Yes No
- This camper has braces, retainers, or other dental items. Yes No

What have we forgotten to ask?

Please provide any additional information that staff will need to know to make this camp experience successful for your child.

Parent/Guardian Authorization for Health Care:

This health history is correct, and complete, to my knowledge and the person described has permission to participate in all camp/event activities except as noted by me and/or examining physician. I hereby give permission to AMP staff or volunteers to provide routine health care, administer prescribed and over-the-counter medications as requested by parent according to nurse’s judgment, and seek emergency treatment including x-rays, routine tests, and routine first aid for the health of my child. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the child. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges to the attending physicians or health care unit (other than those covered by an ISU Extension and Outreach accident insurance plan). I understand that information about my child’s health will be shared on a “need to know” basis. This completed form may be copied for off-site trips.

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

Printed Name of Parent/Guardian: _____ **Date:** _____

For Camp Use Only:

Reviewed By: _____ Date: _____

**MINOR RELEASE AND WAIVER OF LIABILITY
FOR PARTICIPATION IN SPECIAL AMP ACTIVITIES**

This release and waiver of liability relates to the following specific AMP activity:

**Variety AMP Camp, June 20-26, 2018
Forest Lake Camp, 11732 Copperhead Rd., Bloomfield, IA 52537**

IN CONSIDERATION for the allowing the MINOR designated below to participate in ACTIVITY specified above, which may include TRAVEL, EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin agree:

1. THE PARENT OR GUARDIAN will assess situations and activities of the AMP travel, event, retreat and/or conference noted and warrant that the MINOR'S participation in the Activity constitutes an acknowledgement that he/she finds it safe and reasonably suited for the purpose of the Activity. The undersigned agrees that if at any time he/she believes something is unsafe, he/she will bring it to the attention of the AMP Council Facilitator, Statewide Coordinator, or Assistant Coordinator and he/she will remove himself/herself from the Activity and the MINOR will withdraw from participation in the Activity.
2. THE PARENT OR GUARDIAN ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of Releases (as identified below) or otherwise, during the AMP Activity for any purpose including speaking, observing, working or participating in the Activity. The undersigned recognizes and understands that there are risks and dangers associated with participating in the Activity that could cause severe bodily injury, disability and death. Further, the risks and dangers may be caused by the negligent failure to act of the Releases and others. All of the risks and dangers associated in the activity are assumed notwithstanding.
3. THE PARENT OR GUARDIAN and their personal representatives, assigns, executors, heirs, and next of kin, release, waive, discharge and covenant not to sue the promoters, participants, association, sanctioning organizations, (or any affiliates thereof), officials, sponsors and advertisers used to conduct the Activity, and representatives (all for the purpose herein referred to as ("**Releases**"), from any and all liability, claims, demands, actions, causes of action, judgments, expenses, losses or damages incurred by the MINOR on account of any injury, including, but not limited to the death or injury of the MINOR or damage to property, all of which is caused or alleged to be caused in whole or in part in any way, including but not limited to, the negligence of the Releases or otherwise.
4. THE PARENT OR GUARDIAN hereby agrees to indemnify and save and hold harmless, the Releases and each of them from any and all claims, demands, actions, causes of action, judgments, expenses, losses or damages (including attorney fees) incurred by the Releases resulting from any injuries (including death), loss, liability or damage that may occur to the MINOR or their property due to any manner or degree to the presence of the MINOR during the AMP Activity, or in any way while participating in the Activity, and whether caused by negligence or the Releases or otherwise. The PARENT OR GUARDIAN further recognizes and agrees he/she is executing the Waiver and Release of Liability and Indemnity Agreement on behalf of the MINOR.
5. THE PARENT OR GUARDIAN authorizes any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries or illness suffered by the MINOR while a participant or observer at the Activity.
6. THE PARENT OR GUARDIAN agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releases, INCLUDING NEGLIGENT RESCUE OPERATIONS, and is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

7. THE PARENT OR GUARDIAN agrees to communicate to the MINOR that the MINOR shall abide by the following RULES AND REGULATIONS and CODE OF CONDUCT:
- A. All bags, backpacks, or personal items are subject to inspection at any time
 - B. General safety and respect for other participants will be expected at all times. The following behaviors shall be considered detrimental and may result in expulsion from the Activity:
 - 1. Willful damage or vandalism to Activity location or individual personal property
 - 2. Possession of fireworks or weapons of any kind
 - 3. Possession or use of alcohol, tobacco, or any controlled substances
 - 4. Willful or consistent misbehavior considered to be disruptive to the Activity or to other participants
 - 5. Failure to comply with Activity rules or with requests made by Activity Staff and Administrators
8. During attendance at the camp, THE PARENT OR GUARDIAN gives consent to allow MINOR to participate in camping activities that often include swimming, sports, games, group initiative problems, ropes course elements, tower climbing, rappelling, canoeing, creek walks, hiking, and other rigorous physical adventure activities as well as indoor/outdoor cooking. (The level of participation in a program activity is at all times completely up to the individual's choice.). It is our understanding that my child will be under the supervision of a YSS camp staff member for the duration of activities.

I, THE PARENT OR GUARDIAN LISTED BELOW, HAVE READ AND VOLUNTARILY SIGNS THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND DO SO VOLUNTARILY AND WITH THE UNDERSTANDING THAT SUBSTANTIAL RIGHTS ARE BEING GIVEN UP. I FURTHER ACKNOWLEDGE THAT FAILURE TO WITNESS OR NOTARIZE THIS AGREEMENT SHALL NOT AFFECT ITS VALIDITY.

PARENT OR GUARDIAN INFORMATION

Name of parent or Guardian (please print): _____

Signature of Parent or Guardian: _____

Date: _____

Check one: Father Mother Guardian

Telephone Number: _____

Address: _____

I HAVE READ AND UNDERSTAND THE CONTENT OF THIS RELEASE

Note: A Minor is youth under the age of eighteen years.

MINOR INFORMATION

Name of Minor (please print) _____

Signature: _____

Date: _____

Telephone Number: _____

Address: _____

Date of Birth: _____

Emergency Contact Name: _____

Phone number of Emergency Contact person: _____



April 6, 2018

Dear Parent/Guardian:

American Home Finding Association I-Smile™ program is offering **no cost** dental services for youth attending the AMP Camp this summer.

The following services may be provided by dental hygienist:

- Dental Screening – a simple look in the mouth to check for cavities.
- Fluoride Varnish – a sticky liquid that coats the teeth to help make them stronger and prevent tooth decay.
- Dental Sealants – a tooth-colored coating that is painted on the back teeth to protect them from food, germs, and acid that cause tooth decay.
- Oral Health Education – lessons to help campers learn about healthy teeth and mouths.

Please note that dental screenings do not replace regular dental check-ups. Your child should visit the dentist at least once a year for a complete exam and x-rays. A consent form is attached and must be completed and signed by a parent/guardian. It is very important that the consent form is returned to ensure that your child is able to participate.

You may contact me with any questions at the phone number listed below.

Sincerely,

Tammy Forseen, RDH

Tammy Forseen, RDH

American Home Finding Association

217 E 5th Street

P.O Box 656

Ottumwa, Iowa 52501

641-682-3449

Fax: 641-682-5049

TB 4/9/18

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Dental Consent and Release of Information

Child's legal Name:		Age:	Date of Birth:	
Address:			Cell Phone: Other Phone:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American <input type="checkbox"/> Other
School:		Teacher's Name:		Grade:
Child's Physician:			Child's Dentist:	
If applicable, child's Medicaid ID number:				

- YES**, I give permission for my child to receive a dental screening, fluoride varnish application and sealants.
- NO**, I do not give permission for my child to receive a dental screening, fluoride varnish application and sealants.

Please answer the following questions:

1. Has your child seen a dentist within the past 12 months? Yes No
2. My child's most recent dental visit was within the past: (please check one)
 6 months 1 year 3 years 5 years has never seen a dentist
3. How do you pay for your child's dental care? (please check one)
 Self Medicaid/Title XIX *hawk-i* Private dental insurance Other
4. List any concerns you have about your child's mouth or teeth: _____
5. Has your child seen a physician within the past 12 months? Yes No
6. Is your child currently taking any medications? Yes No Explain: _____
7. Does your child have any allergies? Yes No Explain: _____
8. Are your child's immunizations up to date? Yes No Explain: _____
9. How do you pay for your child's medical care?
 Self Medicaid/Title XIX *hawk-i* Private medical insurance Other

I consent to American Home Finding use of email and texting to send me scheduling and child health services information.
 Yes No Email address: _____

- I was offered a Notice of Privacy Practices.
- I understand that this consent for services is valid for one (1) year unless withdrawn in writing by parent, guardian or client (if of legal age).
- I understand that the services that will be received do not take the place of regular dental checkups at a dental office.
- I understand that these services are provided under the Iowa Department of Public Health, Maternal and Child & Adolescent Health Program.
- I understand records created and maintained as part of this program are the property of the Iowa Department of Public Health.
- I understand that the information from these records may be shared with the Iowa Department of Public Health and its agents and Title V contractors, Iowa Medicaid Enterprise, or designee for audit and quality improvement purposes or other legally authorized purposes.

Parent/Guardian Signature _____

Date _____

I voluntarily authorize **American Home Finding** to release, obtain, or exchange information manually and/or via an electronic platform maintained by TAVHealth with the following: Title V MCAH agencies, AMP, physicians and dentists. This release does not authorize disclosure of material protected by federal and/or state law applicable to substance abuse, mental health and/or AIDS-related information.

Parent/Guardian Signature _____

Date _____



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AMP Media Release Agreement

I, _____, hereby **give** or **do not give** (please check choice) AMP, its legal representatives and assigns, those for whom AMP is acting, and those acting with its authority and permission:

a) the unrestricted right and permission to copyright and use, re-use, publish, and republish in print, video, social media, or upon World Wide Web sites any or all photographic portraits, video or audio of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

b) I also permit the use of any printed material in connection therewith.

c) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

d) I hereby release, discharge and agree to hold harmless AMP, its legal representatives or assigns, and all persons functioning under its permission or authority, or those for whom it is functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or videos in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I understand that the primary function of this portrayal is to represent the function of AMP programs. I do not expect to receive any compensation for the use of my image, likeness, voice, or music, and do hereby donate to AMP, the use of the same.

My signature below indicates I have read and understand the above and agree to abide by the contents herein.

Should the undersigned wish to revoke their consent, AMP will, upon receipt of a written request, nullify this agreement.

Signature of Youth

Date

Signature of Parent or Guardian if under age 18

Date



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Consent for Variety AMP Camp Activity and Transportation

During attendance at Variety AMP Camp, I/we give my/our consent to allow

_____ to participate in camping activities that often include swimming, sports, games, group initiative problems, ropes course elements, tower climbing, rappelling, canoeing, creek walks, hiking, and other rigorous physical adventure activities as well as outdoor cooking. (The level of participation in a program activity is at all times completely up to the individual's choice.) It is our understanding that my child will be under the supervision of an AMP Camp staff member for the duration of activities.

In the case of an unplanned transportation need during camp attendance, I/we give my/our consent to allow _____ to be transported by a Youth and Shelter Services Staff who has undergone background checks and signed a confidentiality agreement. This responsible adult will be transporting my child with their own personal vehicle.

I indemnify and agree to hold Youth and Shelter Services, Inc., its agents and employees harmless of all actions, causes of action, damages, claims, or demands which I, my heir executors, administrators, or assigns may have against it for all personal injuries known or unknown which the above-named youth has or may incur by participating in the above activities.

I have read this consent form and understand all its terms.

Youth

Date

Signature of Parent or Guardian if under age 18

Date

Representing AMP

Date

(PLEASE SEE REVERSE SIDE FOR CAMPER TRANSPORT RELEASE)

