

Application Part I & Part II
Operation World Peace
July 16 –July 27, 2018



Students entering 6-11th grade are eligible for the summer program if they reside in the city of Rochester and are eligible to attend the Rochester City School District. Student must have passing grades in all their classes and show an interest in summer learning. Preferences for enrollment will go to students eligible for free and reduced lunches and attending a partner schools #3 or #19.

The application can be filled out in two parts. Part I is pages 3-8, please send it to my office as soon as it is completed. Part II is pages 9-13 and should be completed by the child's doctor's office. Questions, please call 585-245-5129. Mail completed application to:

Susan Norman
SUNY Geneseo
South Hall 206
Geneseo NY, 14454 or fax to 585-245-5220 or scan to norman@geneseo.edu

This program is pending funding from Rochester City School District. If funded, the Rochester Young Scholars Academy at Geneseo (RYSAG) Summer Camp for Camp will from July 16-27, 2018 (Students go home on the weekend). Questions call Susan Norman at the School of Education, Xerox Center, SUNY Geneseo 585-245-5129 or email at norman@geneseo.edu.

Each of the partners plays an essential role in making this experience possible. The RYSAG is a licensed summer youth camp provider. [The Xerox Center for Multicultural Teacher Education](#) is the primary contact for all camp activities at SUNY Geneseo. The RYSAG faculty committee directs the camp and is comprised of SUNY Geneseo and RCSD officials. Geneseo undergraduate students, as well as RCSD staff will participate as counselors and teachers, as part of the SUNY Geneseo Xerox Center's mission to promote multicultural education at Geneseo.

Parent Hints for Completing this application for Summer Camp....

STEP 1:

Go to Main School office:

Ask school secretary for a copy of most current report card if you don't already have one.

STEP 2:

Complete **Part I** of the application by filling out pages 3-8, mail it, scan it or fax it to me asap. If you need help, ask the secretary or guidance counselor at your school.

Susan Norman

SUNY Geneseo

Xerox Center, South 206

Geneseo, NY 14454

Fax: 585-245-5220 or norman@geneseo.edu

Step 3:

Start on **Part II** of the application by making an appointment with your child's general physician or pediatrician asap. Bring health forms pages 9-13 to the doctor's office, the doctor or nurse will fill out the forms and can fax them to me, or will give them to you and you can send them to me. The **health forms are due May 31, 2018**. To complete the health form, your child must have a current Physical Exam which occurs within one year of the start date of the camp or on or **after July 16, 2017**. If you have an insurance situation where you need to make your exam appointment later than May 31, 2018 call or email me.

STEP 4:

A committee reviews the student applications as soon as we receive them. If your child is selected for camp we will set up a pre-summer camp registration meeting at the Central Library of Rochester at 115 South Ave in Rochester, NY or meeting at the partner school.

Rochester Young Scholars Academy at Geneseo Application

Camp dates July 16-27, 2018

Part I- Pages 3-8

Section A

Camper/Student Information

Name: _____

Address: _____ City: _____ ZIP _____

Home Phone: _____ Male () Female ()

Date of Birth: ____/____/____

Current Grade Level: 5th 6th 7th 8th 9th 10th 11th (circle one)

Is your family eligible for free and reduced lunch: Yes No (circle one)

Student School Identification number: _____ (on RCSD report card)

Parent e-mail address: _____

Student e-mail address: _____

Section B

Parent/Guardian Contact Information

Parent/Guardian 1

Name: _____

Address: _____ City: _____ ZIP _____

Phone: _____ Relationship to Student: _____

Parent/Guardian 2

Name: _____

Address: _____ City: _____ ZIP _____

Phone: _____ Relationship to Student: _____

Camper Name: _____ Birthdate: _____

Section C:

Please list individuals that can be contacted in case the case of an emergency a parent/guardian 1 and 2 as listed cannot be reached.

Emergency Contact 1

Name: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Relationship to Student: _____

Emergency Contact 2

Name: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Relationship to Student: _____

Camper Name: _____ Birthdate: _____

Section D

Summer Camp Student Essay

All students must complete a short essay explaining why they want to attend the RYSAG summer camp and what they know about world peace. There is no right or wrong answer.

Section E: Report Card from last marking period

Please attach the most current copy of the student report card to this page. Your application will not be complete without the document. You may use the parent portal to print out the latest report card or ask the school secretary for a copy.

Camper's School Name: _____
Camper's Grade in School: _____
Camper's Overall Average for the grade level: _____

Section F: optional for students 15 and older CIT-Counselor In Training application

CITs must have at least one-year at RYSAG summer camp experience and be over 15 years old. We generally have many excellent applications and not everyone will be chosen to be a CIT.

Please attach or hand write a short page, no longer than 500 words, on why you are interested in the counselor in training program and what you feel you have to give to the summer camp. **Deadline: May 31th, 2018 or until positions are filled.**

Camper Name: _____ Birthdate: _____

Section G: RYSAG Guidelines & Rules

The following sections of the application require a parent to read and understand the rules and responsibilities of the camper and parents/guardians. Please read this document carefully and call if you have any questions about it.

The Rochester Young Scholars Academy at Geneseo will make every effort to provide for my child's well being during the hours of the program and will make every effort to immediately contact the parent should any type of emergency arise. These are the rules we set up to ensure the safety and well-being of all the children and staff involved.

The RYSAG program for my child begins when the child has reached the program and checked in with a RYSAG staff person.

- I will be available during the camp time of July 10-21, 2017 to pick up a sick child or for any other emergency that may arise. If I am not home, I will leave instruction for an appointed guardian to take my place. This guardian is also named as an emergency contact in this application.
- I hereby give permission to record the image and/or voice of my child for newsletters, special projects, brochures, web sites or newspaper releases.
- I hereby give permission for the RYSAG program to use school records (report cards) to help my child with learning strategies.
- It is my responsibility to arrange for my child to be picked up or take a bus at the close of the camp. Staff should not provide transportation for your child.
- If I change my address or phone, I will notify the RYSAG staff and continue to stay in contact with the Academy.
- I have provided the staff with pertinent, complete and correct information which may assist the RYSAG Program in caring for my child, including, but not limited to allergies, previous or existing illness or conditions, sunburn sensitivity, diet requirements, long term medication, disabilities or limiting conditions, emotional development or behavioral difficulties.

My signature acknowledges my understanding of the above and that all information I provide is accurate and complete.

Parent's Signature: _____

Date: _____

Camper Name: _____ Birthdate: _____

Section H:

Medical Health Information: The insurance policy numbers, meningitis information and medical history will help us in case of emergency and the family cannot be contacted.

- Insurance Information as per parent/guardian:
Photocopy of front and back of health insurance card must be attached to this form. Is the participant covered by family medical/hospital insurance? Yes () No ()
Insurance Company: _____ Phone : _____
Policy Holder's Name: _____
Policy Number: _____

- Meningitis Waiver as per parent/guardian, see page 14:
New York State Public Health Law requires the operator of an overnight children's camp maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Check one:

() My child has had the meningococcal meningitis immunization (Menomuea) within the past 10 years.

() I have read or had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided my child will not obtain immunization against meningococcal meningitis disease.

- Parent/Guardian Authorization to treat in emergency:
To the best of my knowledge this health history is correct and the designated camper/staff may engage in all camp activities except where noted by the examining physician or me. I accept responsibility for all medical bills resulting from the illness or injury while my child is at camp. I here by give RYSAG permission to act on behalf of my child for routine health care, administration of prescribed medications, to seek emergency treatment for my child, including x-rays, injections, routine tests and hospitalization. In the event of an emergency, I authorize the Camp Health Director, or the Director of the Camp to secure medical treatment for my child from an authorized provider. In addition, RYSAG 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 camp medical staff about my child's health status.

Print Parent/Guardian's name

Signature of Parent/Guardian

Date

Camper Name: _____ Birthdate: _____

Section I:

The medical history section is to help us provide efficient and optimal emergency care for your child at the camp if it is needed.

GENERAL QUESTIONS

Please check "Yes" or "No" for each statement. Explain "Yes" answers below. Has or does this camper:

- | | |
|--|--|
| Y N 1 Ever been hospitalized? | Y N 13 Ever been diagnosed with a heart murmur? |
| Y N 2 Ever had surgery? | Y N 14 Have an orthodontic appliance brought to camp? |
| Y N 3 Have frequent headaches? | Y N 15 Have any skin problems (e.g. itching, rash, acne)? |
| Y N 4 Ever had a head injury? | Y N 16 Have asthma/wheezing/shortness of breath? |
| Y N 5 Ever had seizures? | Y N 17 Had problems with diarrhea/constipation? |
| Y N 6 Have diabetes? | Y N 18 Have a chronic or recurring illness/condition? |
| Y N 7 Ever has been knocked unconscious? | Y N 19 Wear glasses, contacts, or protective eye wear? |
| Y N 8 Ever had frequent ear infections? | Y N 20 Ever been dizzy or passed out during or after exercise? |
| Y N 9 Ever had high blood pressure? | Y N 21 Ever had chest pain during or after exercise? |
| Y N 10 Ever had back/ joint problems? | Y N 22 Had mononucleosis (mono) in the past 12 months? |
| Y N 11 Ever had an eating disorder? | Y N 23 If female, have an abnormal menstrual history? |
| Y N 12 Had a recent infectious disease? | Y N 24 Had emotional difficulties requiring professional help? |

Please use the following space to explain any "Yes" answers, noting the question number:

Allergies:

Please describe allergies and any known reactions.

No Known Allergies.

Allergic to Food(s), list: _____

Allergic to Medicine(s), list: _____

Allergic to Environment (insect stings, hay fever, etc.),
list: _____

Diet & Nutrition:

Eats a regular diet.

Has a medically prescribed meal plan or dietary restrictions, please describe:

Congratulations, you have completed **Part I** of the application, please send pages 3 to 8 to our office. Please bring the remainder of the pages 9-13 to your child's doctor's office.

Camper Name: _____ Birthdate: _____

Part II: Pages 9-13, deadline May 31, 2017

Medical Form A to be completed for all campers, please scan health information to norman@geneseo.edu or fax to 585-245-5220.

Please fill out the immunization chart below or **attach a copy of the immunization record** to this application.

IMMUNIZATION HISTORY

- Provide the month and year for each immunization received.

Copies of immunization forms from health-care providers or government offices are acceptable; please attach to this form.

Immunization	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose	Most Recent Dose
DTaP or TdaP Diphtheria, Tetanus, Pertussis						
dT or TdaP Tetanus booster						
MMR Mumps, Measles, Rubella						
IPV Polio						
HIB Haemophilus Influenzae type B						
PCV Pneumococcal						
Hepatitis B						
Hepatitis A						
Varicella Chicken Pox			Had Chicken Pox. Date: _____			
MCV4 Meningococcal Meningitis						
TB Test Tuberculosis Date: _____ Negative Positive						

Routine Medical Treatments:

() No, my patient does not get medical medications/treatments, complete form B & C

() Yes, my patient receives routine medications/treatments, complete form B, C, & E and possibly D.

- If your patient needs an epi-pen, inhaler and/or is able to self-administer another medication, please fill out the **Self Medication Release Form D**, page 12.
- For all other prescription medications, please fill out **Permission to Administer Prescription Medications Form E**, page 13.

Camper Name: _____ Birthdate: _____

Medical Form B

All Campers need a recent Physical Exam Form attached to this application. Recent is July 17, 2017 and after.

The New York State Department of Health requires child participants to have a physical exam within the last 12 months or 1 year before the start date of the camp.

Date of Physical Examination: _____

Physical Exam is attached to this application

Yes

Individual is allowed to participate in all camp activities.

Individual is not allowed to participate in all camp activities.

If individual cannot participate in all camp activities, please describe restrictions and any recommendations:

PHYSICIAN AUTHORIZATION

Date

I HAVE EXAMINED THE PERSON DESCRIBED HEREIN AND HAVE REVIEWED THE HEALTH HISTORY GIVEN BY THE PARENT/GUARDIAN/STAFF. IT IS IN MY OPINION THAT THE INDIVIDUAL IS PHYSICALLY ABLE TO ENGAGE IN ALL CAMP ACTIVITIES, EXCEPT AS NOTED ABOVE.

SIGNATURE OF LICENSED MEDICAL PERSONNEL

DATE

PRINT NAME:

TITLE:

OFFICE ADDRESS:

PHONE:

FAX:

Camper Name: _____ Birthdate: _____

Non-Prescription/Over the Counter Medications Form C:

New York State Department of Health prohibits dispensing over the counter medications without specific written permission of a licensed physician. Below are the over the counter medications that may be stocked at the RYSAG Infirmary. Parents and Physicians must initial next to each item in order for the RYSAG Health Staff to dispense any of these over the counter medications. Any non-approved, over the counter medications brought from home that are not listed on this form will be sent home.

I, the Physician, hereby authorize the following medications to be given, as directed on the packaging, to _____ (Child's name). If the need arises, the camp nurse will dispense those items initialed with dosage.

Physician's signature: _____ Date: _____

Parent's signature: _____ Date: _____

	Morning or Afternoon or As Needed	Dosage	Physician Initial	Parent's initial
Acetaminophen (tylenol)				
Aloe for sunburn				
Antacid for sour stomach				
Antibiotic cream for minor wound				
Calamine lotion for bites/poison ivy				
Children's cough syrup (Robitussin)				
Diphenhydramine Antihistamine (Benadryl)				
Eye drops for minor eye irritation				
Hydrocortisone cream for skin irritations				
Ibuprofen (Advil, Motrin)				
Laxatives for upset stomach				
Medicated lip ointment for dry lips				
Micatin or anti-fungus for athlete's foot				
Phenylephrine decongestant (sudafed PE)				
Pseudoephedrine (Sudafed PE)				
Sunblock/Sunscreen				
Swimmer's ear drops				
Throat lozenges or spray				
Other approved OTC medicine				

Camper Name: _____ Birthdate: _____

Self Medication Release Form D

Date: _____

The camper has been instructed in the proper use of the following medications to use on his/her own:

_____ (name of medication)

We, (physician's signature) _____
and

Parent (or guardian signature) _____

Request that (Child's Name) _____ be permitted to carry the medication on his/her person or to keep same in his/her backpack or dorm room. We consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

Doctor's office, please scan or fax form to:

Scan to norman@geneseo.edu

Fax to 585-245-5520

ATTN:
Rochester Young Scholars Academy at Geneseo
SUNY Geneseo
South Hall 206
Geneseo, NY 14454

Phone 585-245-5129

Camper Name: _____ Birthdate: _____

Permission to Administer Prescription Medication Form E

Physician Order and Parent Permission Required

Please duplicate Form B if additional medications are required

A Physician's order and parent permission are required for the administration of any medicine at the SUNY Geneseo, Rochester Young Scholars Academy at Geneseo (RYSAG). Please complete the form below along with parent signature.

- Only medication with this permission form will be allowed at RYSAG. Parents or guardians should bring medications when dropping child off at the bus stop for camp.
- **Medication should cover the full 10 days of summer camp** and brought to a camp representative in its original container and have a pharmacist's label with doctor's instruction and name of child.

1. Name of Medication: _____

Dosage: _____

Administration times: _____

Special instructions: _____

2. Name of Medication: _____

Dosage: _____

Administration times: _____

Special instructions: _____

Physician's signature: _____ **Date:** _____

In case of anaphylactic reaction, follow up care and transportation to preferred hospital are as follows:

I, Parent/Guardian signature: _____ **Date:** _____

authorize this medication to be given to my child during camp hours. I release camp personnel from liability should reaction result from medications.

New York State DOH requires that campers indicate in writing whether they have received meningitis immunization within the past 10 years, or acknowledge that they understand the disease risks and don't wish to be immunized at this time. The vaccine's protection lasts for approximately 3-5 years. Revaccination may be considered within 3-5 years. The Meningococcal Meningitis Vaccine Response is located on page 7 of the RYSAG application.

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first-year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States, approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear two to 10 days after exposure, but usually within five days. Among people who develop meningococcal disease, 10 to 15 percent die in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

In February 2005, the CDC recommended a new vaccine, known as Menactra™, for use to prevent meningococcal disease. The previous version of this vaccine, Menomune™, was first available in the United States in 1985. Both vaccines are 85--100 percent effective in preventing the four kinds of the meningococcus germ (types A, C, Y, W--135). These four types cause about 70 percent of the disease in the United States. Because the vaccine does not include type B, which accounts for about one--third of cases in adolescents, it does not prevent all cases of meningococcal disease.

Is the vaccine safe? Are there adverse side effects to the vaccine?

Both vaccines are currently available and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine?

The vaccine is recommended for all adolescents entering middle school (11-12 years old) and high school (15 years old), and all first-year college students living in dormitories. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers, and travelers to endemic areas of the world. However, the vaccine will benefit all teenagers and young adults in the United States.

What is the duration of protection from the vaccine?

Menomune™, the older vaccine, requires booster doses every three to five years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?

Contact your family physician or your health service provider. Additional information is also available on the Web sites of the New York State Department of Health, www.health.state.ny.us; the American College Health Association, www.acha.org; and the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo.