



בס"ד

עמו"ש, Dear Parents,

Thank you for requesting an application. Our camp office is already buzzing away busily preparing for the 2022 summer and has received many requests from new applicants. We suggest you register early. Last summer many people were turned away due to a lack of space.

There are always many new and exciting things happening in camp. **Suffice it to say that Camp Tashbar will continue the tradition of giving your children the best in ruchniyus and gashmiyus as always.**

Our state of the art facility is quite renowned as one of the most beautiful summer camps around. The gorgeous grounds and handsomely manicured lawns complemented by the multiple professional athletic courts and playing fields create breathtaking surroundings that give our campers and staff enormous pride and joy. The Hanhala are warm, caring and charismatic מחנכים whose reputations in the field of חינוך and camping are iconic. Our campers attain higher levels in learning and עבודת ה' while having a blast with an enriched program of activities and events

We look forward בעז"ה to having your son(s) join us for an unbelievable and unforgettable camping experience this coming summer, with the greatest staff in the greatest camp in the world. Should you have any questions, please feel free to call the office at 718-438-0913.

Sincerely,

Rabbi A. Dembitzer





Application Packet Checklist

- Completed application pages 1 and 2 (signature on page 2)
- Payment
- Income eligibility form filled out (If not eligible, write child's name in part 1 and write "not eligible")
- The Camp Tashbar Medical Form – (Pages 1 & 2) **Due May 1ST** -

YOU MUST SEND PAGES 1 & 2 TOGETHER

****PARTIAL SUBMISSIONS OF THE MEDICAL FORM WILL BE DISCARDED****

PLEASE NOTE:

WE WILL ONLY ACCEPT EMAILED DOCUMENTS THAT HAVE BEEN SCANNED ON A FLATBED SCANNER AND SENT AS A PDF ATTACHMENT.

WE DO NOT ACCEPT EMAILED PICTURES OF ANY DOCUMENTS!!!



SLEEPAWAY APPLICATION - 2022

- Please fill out both pages of this application and sign page 2.
- The **camp fee** (as per pg. 2) must be submitted along with the application.
- The **income eligibility form** for SFSP must be submitted along with the application, regardless of eligibility.
- **Camp's medical form must be signed and stamped by the doctor** (pg. 1), **and the parent** (pg. 2) and submitted by **May 1-** (BOTH PAGES TOGETHER)
- **Do not use this form for Day Camp.**
- 10th Graders who want jobs (i.e., waiter, j.c., lifeguard, etc.) must fill out this application as well as the 10th grade application for a job.
- After we receive your application, you will be notified of your son's status of acceptance within a few weeks.

- **EMAILED APPLICATIONS MUST BE SCANNED AND SENT AS A PDF ATTACHMENT.**
- **NO EMAILED PICTURES**
- **NO FAXES**

Camp Dates בעז"ה

Full Summer	June 29 (Wednesday) - August 23 (Tuesday)	❖	לי סיון - כ"ו אב	VISITING DAY
1 st Trip	June 29 (Wednesday) - July 26 (Tuesday)	❖	לי סיון - כ"ז תמוז	JULY 10 ❖ י"א תמוז
2 nd Trip	July 27 (Wednesday) - August 23 (Tuesday)	❖	כ"ח תמוז - כ"ו אב	AUGUST 14 ❖ י"ז אב

Rabbi Mr. Dr. Reb. Mrs. Dr.

_____ LAST NAME FATHER'S NAME MOTHER'S NAME

_____ ADDRESS CITY STATE ZIP CODE

HOME PHONE NO. FATHER CELLULAR NUMBER MOTHER CELLULAR NUMBER MARITAL STATUS FATHER'S SHUL NO. CHILDREN IN FAMILY

SUMMER ADDRESS SUMMER PHONE NO. EMERGENCY CONTACT: NAME / RELATIONSHIP / PHONE NUMBER

E-MAIL ADDRESS (PLEASE PRINT CLEARLY) _____

ALL CORRESPONDENCE WILL BE SENT VIA EMAIL UNLESS THIS BOX IS CHECKED

A MUST

CAMPER 1

1st Trip 2nd Trip Full Summer
 APPLYING FOR (please check one)

CAMPER'S FIRST NAME (name he would like to be called) DATE OF BIRTH AGE

YESHIVA GRADE AS OF JUNE 2022 REBBE'S NAME REBBE'S HOME PHONE NO.

CAMPER'S LEVEL OF LEARNING (check one) חומש חומש רש"י התחלת משניות משניות התחלת גמרא גמי רש"י גמי תוס' גמי מפרשים

PRIVATE TUTORING REQUESTED (which subjects) CHILD SPENT LAST SUMMER AT SPECIAL INSTRUCTIONS (Medical, Allergies, Bedwetting or other)

CAMPER 2

1st Trip 2nd Trip Full Summer
 APPLYING FOR (please check one)

CAMPER'S FIRST NAME (name he would like to be called) DATE OF BIRTH AGE

YESHIVA GRADE AS OF JUNE 2022 REBBE'S NAME REBBE'S HOME PHONE NO.

CAMPER'S LEVEL OF LEARNING (check one) חומש חומש רש"י התחלת משניות משניות התחלת גמרא גמי רש"י גמי תוס' גמי מפרשים

PRIVATE TUTORING REQUESTED (which subjects) CHILD SPENT LAST SUMMER AT SPECIAL INSTRUCTIONS (Medical, Allergies, Bedwetting or other)

CAMPER 3

1st Trip 2nd Trip Full Summer
 APPLYING FOR (please check one)

CAMPER'S FIRST NAME (name he would like to be called) DATE OF BIRTH AGE

YESHIVA GRADE AS OF JUNE 2022 REBBE'S NAME REBBE'S HOME PHONE NO.

CAMPER'S LEVEL OF LEARNING (check one) חומש חומש רש"י התחלת משניות משניות התחלת גמרא גמי רש"י גמי תוס' גמי מפרשים

PRIVATE TUTORING REQUESTED (which subjects) CHILD SPENT LAST SUMMER AT SPECIAL INSTRUCTIONS (Medical, Allergies, Bedwetting or other)

A MUST

A MUST

A MUST

(For eighth grade applicants) Mesivta applying to for the coming year: _____

See Pg. 2

Please fill out **all** information and sign the agreement below. **No application will be accepted without a signature.**

Father's Occupation _____	Mother's Occupation _____
Firm Name _____	Firm Name _____
Business Address _____	Business Address _____
Business Telephone _____	Business Telephone _____

The following are the fees for 2022. These fees are **all-inclusive** with the exception of transportation, luggage and tips.

	Campers 4-7 th Grade	Mechina / Mesivta 8-11 th Grade
Full Summer	\$4,050.00	\$4,250.00
1 st Trip	\$2,090.00	\$2,190.00
2 nd Trip	\$2,090.00	\$2,190.00

Note: All checks must be paid with American dollars and must be drawn from an American bank.

PLEASE READ AND SIGN:

CONDITIONS OF ENROLLMENT

I wish to enroll my son(s) and we agree to abide by all camp rules and regulations as well as the following conditions:

FEES AND PAYMENTS

- Applications received until February 28th must be accompanied by a **minimum deposit of \$500.00 per camper.** (NO postdated checks for the deposit.) **Payment must be completed by May 15th.**
- Applications received from March 1st through April 15th must be accompanied by a **minimum deposit of \$1,000.00 per camper** (NO postdated checks for the deposit). **Payment must be completed by May 15th.**
- Applications received after April 15th must **be accompanied by full payment.**
- **Applications without the full deposit will not be processed.**
- A \$25 fee will apply for bounced checks.
- **For credit card payment, see below.**
- Parents will be held responsible for any and all medical bills.
- **Important:** All parents are expected to follow the payment schedule above. Should a parent fail to pay after repeated billing and phone calls, camp will retain the services of a בית דין. Parents will be held responsible for all costs associated with collection of the camp fee. This includes but is not limited to all costs relating to בית דין, court fees, and a 20% of balance collection fee.

REFUND POLICY

- Deposit will be returned for cancellations until January 31st, with the exception of a \$100 per child.
- Deposit will be returned for cancellations between February 1st and March 31st with the exception of \$200.00 per child.
- Cancellations beginning April 1st will result in the loss of the entire \$500.00 deposit.
- Cancellation after May 15, will result in the loss of the entire camp fee. **NO EXCEPTIONS**
- Any camper asked to leave camp during the summer will incur a minimum charge of \$500.00 plus a pro-rated fee for the time spent in camp. **Should he be asked to leave due to intolerable behavior (i.e. ניבול פה, drinking, smoking, vaping, etc.) the entire fee will be forfeited.**
- Late arrivals, early departures, absences, or failure to cancel will not result in a refund or credit.

TRIP AUTHORIZATION / HOLD HARMLESS AGREEMENT:

I have read the Conditions of Enrollment including the Fees and Payments and Refund Policy. I agree to abide by these policies. I hereby authorize Camp Toras Chaim Tashbar (hereinafter Camp) to take my child(ren) off Camp grounds to go on trips organized as part of the camping program. This may include swimming and/or boating sites. In addition, my child(ren) may participate in any on or off ground activity organized by Camp, including but not limited to land sports, aquatics activities, indoor activities, bicycling, hiking, cookouts, etc., and I assume the inherent risk of such activities and camp programs. I will hold Camp harmless in the event of injury or property damage or loss as a result of such activities. I also agree to abide by all rules and regulations as set forth in the camp application, in the information packet and to all rules set by the camp administration, before and during the camp sessions.



Parent's Signature _____ **Date** _____

CREDIT CARD: Please fill out all information: We accept **Visa & MasterCard only.**

After the initial deduction of the deposit (see above) we will charge your credit card as follows:
 \$500 per half (\$1000 for whole summer) on:
 March 15, April 15 and the entire remaining balance on May 15th.

CREDIT CARD PAYMENT- PROCESSOR'S CHARGE: A processing fee of \$35 per half - \$70 for whole summer will be added to your camp fee if you choose to pay by credit card. For partial credit card payments, a 2% fee will apply.

CREDIT CARD INFORMATION: VISA MASTERCARD CREDIT CARD # _____
 NAME ON CARD _____ EXPIRATION DATE ____/____/____ SECURITY CODE _____
 BILLING ADDRESS _____ ZIP CODE _____ AMOUNT TO DEDUCT AT REGISTRATION _____

By signing below, I authorize Camp Tashbar to make credit card deductions according to the schedule specified above, unless I notify Camp otherwise in writing.

AUTHORIZED SIGNATURE _____



CAMP TORAS CHAIM TASHBAR

Dear Parents, בני"ש

בס"ד

Cong. Tashbar Toras Chaim is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program). Children who are part of households that receive foods stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals. The following 2021-2022 income eligibility standards will be used for determining eligibility for free meals:

Income Eligibility Guidelines

<u>Household Size</u>	<u>Year</u>	<u>Month</u>	<u>Twice per Month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1	\$23,828	\$1,986	\$ 993	\$ 917	\$ 459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$ 620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$ 782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$ 943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For each additional family member, add	\$ 8,399	\$ 700	\$ 350	\$ 324	\$ 162

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, gender, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at site(s) and times as follows:

Name and Address of Site:

Camp Toras Chaim Tashbar
305 Revonah Hill Rd
Liberty, NY 12754

Meals and Serving Times:

Breakfast: 9:05 – 10:00 AM
Lunch: 1:10 – 2:00 PM
Snack 4:30-5:15 PM
Supper: 6:30 – 7:15 PM

Meal Service Dates:

June 29, 2022 until &
including August 23, 2022

Please fill out and return an "Application for Free and Reduced Price School Meals/Milk." Persons interested in receiving more information should contact: **Cong. Tashbar Toras Chaim, 718-438-0913.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S. W. Washington, D.C. 20250-9410 (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov
This institution is an equal opportunity provider.

Sincerely Yours,

Alexander Dembitzer, Director

**INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **Camp Tashbar**

If you need help, call **(718) 438-0913**

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name. **Part 2:** Please contact us at (718) 438-0913

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B–Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C–Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, repr isal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.)If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Part 1. Children enrolled in Camp or Closed Enrolled Sites (Camp Tashbar)	
Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child
 Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **Congregation Tashbar Toras Chaim at (718) 438-0913**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name (List everyone in household, including children)	B. Gross income and how often it was received				C. Check if NO income
	Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
8.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
9.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
10.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
11.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
12.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.
 Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last four digits of Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
 Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____
 Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____

DR.'S PRINTOUT IS NOT SUFFICIENT. DR. MUST SIGN AND STAMP THIS FORM

CAMP TORAS CHAIM TASHBAR



MEDICAL FORM - DUE BY MAY 1st - (PG. 1)

PAGES 1 & 2 MUST BE FILLED OUT COMPLETELY AND SUBMITTED TOGETHER. PARTIAL SUBMISSIONS (one page without the other) OR INCOMPLETE PAGES WILL NOT BE ACCEPTED.

Last Name First Name Birth Date Address City/State/Zip Phone

1. IMMUNIZATION HISTORY

ALLERGIES

MEDICAL HISTORY

Table with columns for Immunization History, Allergies, and Medical History. Includes rows for DPT/DT, TETANUS, ORAL POLIO, MMR, PPD/MANTOUX, HEPATITS A, MENINGITIS, INFLUENZA TYPE B, and various allergies like PENICILLIN, SULFA, CEPHALOSPORIN, etc.

*If you or your doctor objects to this vaccine please see the back of this form. Signature required.

2. PHYSICAL EXAM

Form for physical exam including fields for Height, Weight, B.P., Glasses/Lenses Prescription, Operations, Serious Injuries, Fractures etc., Chronic or Recurrent Illness and Suggested Treatment, Special Restrictions, and a section for special circumstances.

3. OVER THE COUNTER/PRN MEDICATIONS to be self-administered at the discretion of the camp medical director (SIGNATURES REQUIRED ON THIS FORM. Doctor: Sign below. Parent: Sign on page 2)

Table for over-the-counter/PRN medications with columns for DRUG, ROUTE, DOSAGE, SCHEDULE, and CONTRA-INDICATED COMMENTS.

DOCTOR MUST SIGN AND STAMP THIS FORM AUTHORIZING USE OF 'OVER-THE-COUNTER' MEDICATIONS

Signature and stamp area for the examining physician, including fields for ADDRESS, PHONE, and DATE.

PARENT SIGNATURE ON PG 2

DR.'S PRINTOUT ACCEPTABLE FOR PARTS 1 & 2 ONLY, DOCTOR MUST STILL SIGN AND STAMP THIS FORM

DOCTOR MUST SIGN

MENINGITIS VACCINE OBJECTION Please check this box if you object to the meningitis vaccine

* I have read and understand the enclosed material on the harmful effects & risks associated with Bacterial Meningitis and the benefits of immunization. By checking the box, I note my objection to the Meningococcal Meningitis Vaccine.

OVER THE COUNTER MEDICATIONS

Please Check one: I hereby allow do not allow my son to take the over-the-counter medications, listed on page 1 of this form, under the medical director's supervision, unless contra-indicated.

EMERGENCY INFORMATION

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR TEMPORARILY SEPARATED FROM HIS PARENTS

We, the undersigned, parent(s) of _____, a minor, do hereby
(First Name) (Last Name)
authorize CAMP TORAS CHAIM TASHBAR and/or Rabbi Alexander Dembitzer, Director, as our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician and surgeon at Catskill Regional Medical Center.

It is understood that this authorization is given in advance of any specific need for treatment but it is given to provide authority on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his best judgment may deem advisable.

We also hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of our child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp administration to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for our child named above.

This authorization shall remain effective until August 31, unless sooner revoked in writing delivered to said agent(s).

Parent/Guardian Name _____ **Date** _____
(Last Name) (First Name)



Home Phone # _____ **Cell Phone #** _____

Parents' Emergency Phone # _____

Other Emergency Contact: (Name) _____ **Phone #** _____

PARENT/GUARDIAN SIGNATURE _____



MEDICAL AND PRESCRIPTION DRUG INSURANCE INFORMATION

Please make copies of your medical and prescription insurance cards and paste in the boxes below. If you do not have insurance coverage in New York State or if insurance information is not attached, please provide credit card information below to pay for all medical costs.

Medical Insurance: _____ Policy number: _____

PASTE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD HERE
 I do not have medical insurance.

PASTE A COPY OF THE FRONT OF YOUR PRESCRIPTION DRUG CARD HERE
 My medical coverage is the same, a copy of my card is already attached.
 I do not have drug coverage.

CREDIT CARD INFORMATION: Name: _____ Credit Card# _____

Visa and Mastercard only

Exp. Date _____ Signature _____



MENINGOCOCCAL DISEASE INFORMATION

Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis. New York State Public Health Law (NYS PHL) §2167 and Subpart 7-2 of the State Sanitary Code requires overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights.

Camp Toras Chaim Tashbar is required to maintain a record of the following for each camper:

- A response to receipt of meningococcal disease and vaccine information signed by the camper's parent or guardian; AND EITHER
- A record of meningococcal meningitis immunization OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and spinal cord. Meningococcal disease also causes blood infections.

About 1,000- 1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11-19% lose their arms and legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16-21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of vaccine is important for people at highest risk.

There are two kinds of meningococcal vaccines in the U.S.:

- Meningococcal conjugate vaccine (MCV4) is the preferred vaccine for people 55 years of age and younger. For example, 2 MCV4 vaccines are Menactra™ and Menveo™. The Centers for Disease Control and Prevention (CDC) recommend two doses of for all adolescents 11 through 18 years of age, with a booster dose at age 16. Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

- Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970's. It is the only meningococcal vaccine licensed for people older than 55. The trade name of MPSV4 is Menomune™.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

Information about the availability and cost of the vaccine can be obtained from your healthcare provider. CAMP TASHBAR does not offer meningococcal immunization services.

I encourage you to carefully review the enclosed materials. **Please complete the Camp's Medical form including the date of your son's immunization for Meningococcal disease.** If you object to having your son receive this immunization please check the box with the asterisk at the bottom of the Medical Form and sign.

To learn more about meningitis and the vaccine, please feel free to contact the camp office and/or consult your child's physician. You can also find information about the disease at the Center for Disease Control and Prevention (CDC): www.cdc.gov/vaccines/vpd-vac/menig/default.htm.

Sincerely,

Rabbi A. Dembitzer
Director