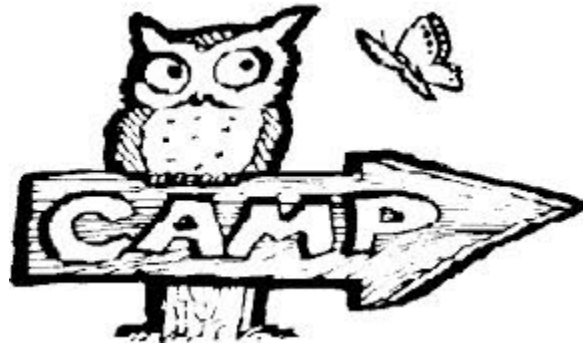


# UCP Camp Harkness 2019



## Packet #2

### Guardian Authorization Forms

In this packet, you'll find these forms:

- Camp Harkness Authorization Form
- Special Note on Potassium Iodide
- Notice of Privacy Practices
- UCP Camp Harkness Exclusion Policy

*All forms must be filled out completely and signed by the legal guardian.*

**Packets #2 and #3 must be completed and returned no later than April 1, 2019.** Failure to submit Packets #2 and #3 by April 1 will result in a loss of session reservation and the camper will be put on our waiting list. Campers requesting an exception to the April 1 due date should contact Cheryl Scott at 860-712-9444. Campers who have a yearly physical date which occurs after April 1 will be granted an exception.

**CAMP HARKNESS AUTHORIZATIONS FORM**

Please note: All areas require your review and signature before applicant will be admitted to camp.

**Consent for Medical, Surgical, or Dental Treatment:**

I hereby give permission to the Director and/or Medical Personnel to authorize emergency medical, surgical or dental treatment, including administration of medications, immunizations, an anesthesia for:

Camper's Name \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant, parent or legal guardian

In a community hospital, clinic, nursing facility, or private office if considered necessary or desirable by a physician or dentist.

Camper's Name \_\_\_\_\_ Sponsoring Agency: \_\_\_\_\_

\*\*\*\*\*

**Activities Consent:**

Applicant's Name \_\_\_\_\_

I give permission for applicant to participate in all planned activities and trips of the agency.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant, parent, or legal guardian

\*\*\*\*\*

**Photo Release:**

I give permission to the agency to photograph the applicant. I understand that the photograph may be used for educational purposes and in some instances, for the public information through the news media.

YES  NO

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant, parent, or legal guardian

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*\*Please note: A photo of the camper will be taken and kept on file for medical and identification purposes. The camp nurse, to positively identify the camper for medication administration, will use this photo. The above release relates to other photos, which may be taken in the course of the camper's day.*

### Special Note on Potassium Iodide

In response to the events of September 11, 2001, we have all received information of emergency preparedness from our local municipalities as well as the media. Camp Harkness is in close proximity to the Millstone Nuclear Power Station in Waterford, CT. As a precaution, Potassium Iodide tablets have been issued to everyone who resides or works within a (10) mile radius of Millstone.

To administer this medication to your family member, the information below must be completed and signed by the camper or their legal guardian. The primary physician must sign the Doctor's Order. UCP Camp Harkness will provide each camper with the medication if necessary.

\*\*\*\*\*

Individual, Parent, or Guardian:

I give permission for \_\_\_\_\_ to receive Potassium Iodide (KI) according to the instructions on the signed Doctor's Order.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

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## NOTICE OF PRIVACY PRACTICES

### CONSUMER

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

All information that you share with us about you is considered confidential. Personal and medical information must be treated by us, your service provider, with specific attention to the need for confidentiality and privacy. During the time that you choose to receive services from us, we often receive information about you from other sources. Keeping the information private that you share, or the information we receive as part of our service to you is important.

We are required by law to maintain the privacy of health information about you and to provide all those to whom we provide services with notice of our legal duties and privacy practices with respect to health information. Review the information written here.

Be informed about information we may collect about you and with whom we may share that information. We comply with all of the laws about handling non-public medical information.

A copy of the current Notice of Privacy Practices is included in our Policy and Procedure Manual. Your local Executive Director may be contacted to get you a copy of the current notice of Privacy Practices.

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

I. We may collect personal information and personal medical information about you that is considered to be non-public (not for distribution to others in the public). These examples of personal/medical, non-public information:

A. Personal

- Name
- Address
- Phone number
- Social security number
- Immigration number
- Driver's License number

B. Medical

- Physical Examination
- TB Test
- Medications
- Physician Orders and Notes
- Nursing Notes
- Health & other insurance information

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Property of Sunrise Community, Inc.

Form

Proc. No. 0901-HQ1

Procedure Title: Consumer Notice of Privacy Practices

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- II. We do not give out medical information about you to anyone, except as permitted and required by law. Information is never given to any party that is not legally authorized to receive such information. Our Policies and Procedures dictate that a Release of Information must be completed by you (or your legally authorized representative) BEFORE any information about you is released.

As required by law and to insure your service needs are met, we do give medical information about you to all or some of the following people, agencies and departments:

- State Funding Agencies
- State, Local and Federal Monitoring Agencies
- Hospitals
- Health Professionals
- Insurance Companies
- Local Executive Director, Office Manager and other designated staff and consultants for your service record
- Corporate Risk Management Department

I have read, understood and acknowledge receipt of the information contained in the Notice of Privacy Practices.

Date: Month/Day/Year \_\_\_\_\_

Consumer Full Name (Please Print) \_\_\_\_\_

Witness Full Name/Title (Please Print) \_\_\_\_\_

Consumer Signature/Mark \_\_\_\_\_

Witness Signature \_\_\_\_\_

Consumer's Legally Authorized Representative  
Full Name (Please print) \_\_\_\_\_

Consumer's Legally Authorized Representative  
Signature \_\_\_\_\_

**UCP CAMP HARKNESS SESSION RESERVATION & PAYMENT RECORD - 2019**

Name: \_\_\_\_\_

Circled below is your **CAMP RESERVATION** for the 2019 season:

Session 1	Session 2	Session 3	Session 4	Session 5 (2 wks)	Session 6 (ages 18-21)
6/23-6/28	6/30-7/5	7/7-7/12	7/14-7/21	7/22-8/2	8/4-8/9

Important Due Dates

- **All payment balances are due by June 1, 2019.** Lack of payment by this due date will result in the loss of your session reservation unless a prior arrangement has been made with Peter Cavanagh, Camp Coordinator.
- **All medical forms in Packet #3 are due by May 14, 2019.** Exceptions will be made for individuals whose annual medical physical is after the May 14 due date. Individuals requiring an exception should contact Cheryl Scott, Camp Coordinator.

How to Make Your Payment

- We can only accept checks made payable to:  
*United Cerebral Palsy of Greater Hartford*
- Mail your packets and all payments to:

*United Cerebral Palsy of Greater Hartford  
80 Whitney Street  
Hartford, CT 06105  
Attention: Cheryl Scott*

UCP Session Reservation Policy

In order to meet the needs of our campers, your session selection(s) is not guaranteed. It is UCP's intent to balance the sessions based upon campers' medical needs and overall assistance. Please note that incomplete applications or applications received without a deposit will not be processed. These campers will be placed on a waiting list until all complete forms are submitted; you will be notified in writing of your acceptance to camp. Confirmations will not be given over the phone.

**United Cerebral Palsy of Greater Hartford- 2018 Payment Record**

Date	Type	Description	Check Number	Amount
Balance:				

The amounts listed on this payment record were received in support of residential camping services at Camp Harkness for the 2018 season.

\_\_\_\_\_  
Cheryl Scott, Camp Coordinator

\_\_\_\_\_/\_\_\_\_\_/2019\_\_\_\_\_  
Date