University of Maryland Gymnastics
Summer Camp

Department of Health and Mental Hygiene
Inspection Binder

Camp Directors:
Brett Nelligan – Maryland Gymnastics Head Coach
Erinn Dooley – Maryland Gymnastics Assistant Coach
JJ Ferreira – Maryland Gymnastics Assistant Coach
# BUILDING SAFETY

For Youth Camps using a School (Public or Private) or a Government Owned Building or Property

## I. CAMP OPERATOR

If your youth camp is operating at a school (public or private) or a government owned building or property that is used by the public more that 170 days, complete the information in this section and forward this form to the building owner or the building owner's authorized representative.

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<th>CAMP OPERATOR NAME</th>
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<td>University of Maryland</td>
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## II. BUILDING OWNER

This facility is seeking a youth camp certificate or letter of compliance from the Department of Health and Mental Hygiene, Center for Healthy Homes and Community Services. Please complete the information below, and return the form to the camp operator listed above.

- The water supply is adequate, easily accessible to the campers, of a safe and sanitary quality and from an approved water supply system which is constructed, protected, operated and maintained in conformance with applicable State codes and local subdivision ordinances.
- The sewage disposal system is installed, operated, and maintained in conformance with applicable State codes and local subdivision ordinances.
- The plumbing at this building is installed, protected and maintained in conformance with applicable State codes and local subdivision ordinances.
- The electrical system at this building is installed and maintained in conformance with applicable State codes and local subdivision ordinances.
- The building is constructed and maintained in conformance with all fire and safety code requirements and is approved by the State or county fire authority.
- The building or property meets applicable local building and zoning approvals.

The camp operator should be aware of the following problems.

Water Supply: ______________________________

Sewage Disposal: ______________________________

Plumbing: ______________________________

Electrical: ______________________________

Fire Safety: ______________________________

Zoning: ______________________________

Other: ______________________________

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<tr>
<td>Thomas J. Flynn</td>
<td>Sr. Assoc. Director</td>
<td>4/15/2015</td>
<td>301.314.7884</td>
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### BUILDING SAFETY

For Youth Camps using a School (Public or Private) or a Government Owned Building or Property

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- □ The building or property meets applicable local building and zoning approvals.

The camp operator should be aware of the following problems.

**Water Supply:**

**Sewage Disposal:**

**Plumbing:**

**Electrical:**

**Fire Safety:**

**Zoning:**

**Other:**

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01/14
University of Maryland Gymnastics
Summer Camp

Camp Trip Safety Plan
Not Applicable (No Camp Trips)

Camp Directors:
Brett Nelligan – Maryland Gymnastics Head Coach
Erinn Dooley – Maryland Gymnastics Assistant Coach
JJ Ferreira – Maryland Gymnastics Assistant Coach
University of Maryland Gymnastics

Summer Camp

Participant Insurance Information

See camp application form and insurance information binder

Camp Directors:

Brett Nelligan – Maryland Gymnastics Head Coach
Erinn Dooley – Maryland Gymnastics Assistant Coach
JJ Ferreira – Maryland Gymnastics Assistant Coach
Maryland State Department of Health and Mental Hygiene
Prince George's County Health Department

PERMIT
To Operate a High HACCP Priority Food Service Facility

This Permit Has Been Granted to:

JOSEPH MULLINEAUX
UMCP DINING SERVICES
1150 SOUTH CAMPUS DINING HALL
COLLEGE PARK, MD 20742

To operate a Food Service Facility Trading as:

UMCP - ELLICOTT DINING HALL
PRINCE GEORGE'S COUNTY FOOD FACILITY ID NUMBER: 1231
ELLICOTT DINING HALL
UNIVERSITY OF MARYLAND, MD 20742

THIS PERMIT IS GRANTED PURSUANT TO CODE OF MARYLAND REGULATION 10.15.03 AND/OR SUBTITLE 12 OF THE PRINCE GEORGE'S COUNTY CODE AND IS SUBJECT TO ANY AND ALL STATUTORY PROVISIONS INCLUDING ALL APPLICABLE RULES AND REGULATIONS PROMULGATED THEREUNDER.

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<th>Expiration Date</th>
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<td>September 30, 2015</td>
<td>33614-2014-00</td>
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Joshua M. Sharfstein, M.D.
Secretary of Health and Mental Hygiene

Prince George's County Health Officer

NOT TRANSFERABLE - POST IN A CONSPICUOUS PLACE
DHMH - 300 - 20 (Revised)
PGCHD EH (7/05)
University of Maryland Gymnastics

Summer Camp

Emergency Procedures
For Residence Halls, Pool, and Campus
Emergency/Evacuation Procedures,
See Appendix A

Camp Directors:

Brett Nelligan – Maryland Gymnastics Head Coach
Erinn Dooley – Maryland Gymnastics Assistant Coach
JJ Ferreira – Maryland Gymnastics Assistant Coach
University of Maryland Gymnastics

Summer Camp

Fire Inspection Report
Not Applicable (See Building Safety Report)

Camp Directors:

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Erinn Dooley – Maryland Gymnastics Assistant Coach
JJ Ferreira – Maryland Gymnastics Assistant Coach
University of Maryland Gymnastics

Summer Camp

Food Service License Available in North Campus Dining Hall “The Diner”

Camp Directors:

Brett Nelligan – Maryland Gymnastics Head Coach

Erinn Dooley – Maryland Gymnastics Assistant Coach

JJ Ferreira – Maryland Gymnastics Assistant Coach
University of Maryland Gymnastics Summer Camp Safety Plan

Purpose:
The purpose of this plan is to inform camp staff and volunteers of the proper safety procedures for gymnastic activities during Summer Camp.

Training:
Staff and volunteers must receive training on this plan prior to working. Training must include an opportunity to discuss the procedures and ask questions.

Knowledge and Conduct:
Staff and volunteers must know and follow the camp's gymnastics safety plan. The participants and Director will document participation in safety training.

Availability:
A copy of this gymnastics safety plan must always be available to the camp staff. Copies can be found in the Director's office and with the Athletic Trainer. Each staff member will also receive an emergency plan during training.
Potential Health and Safety Risks

☐ Injury/health emergency during gymnastic activities

   o Prevention
      ▪ Thoroughly inspect equipment before the start of each session.
      ▪ Instructors should check that the equipment and mats are safe and properly set prior to beginning a new drill.
      ▪ If a safety risk is identified, immediately stop activity until it is addressed and fixed.
      ▪ Keep watch for campers displaying unusual fatigue, discomfort, or disorientation.

   o Response to emergency
      ▪ If a camper reports pain or illness, refer them to the senior staff.
      ▪ All injuries must be immediately reported to and supervised by the senior staff.
      ▪ Unless he or she is in immediate danger, do not attempt to move an individual suspected to have a serious injury until cleared by senior staff.
      ▪ An adult staff member should ALWAYS accompany an injured camper.
      ▪ A qualified individual should immediately treat any injury that requires CPR or immediate life saving intervention.
      ▪ The Director or Assistant Director will be responsible for implementing the Emergency Action Plan, including calling 911.
      ▪ The Director or Assistant Director will be responsible for documentation and notifying the parents of all injuries that require treatment.

☐ Lost child during transition between gym and classrooms/auxiliary spaces.

   o Prevention
      ▪ Maintain supervision with a staff/camper ratio of at least 1:10 for camp at all times.
      ▪ No camper is permitted to leave the gym or dorm without being accompanied by an adult staff member.
      ▪ At least one staff member with the group should carry a cell phone for communication with the senior staff.
      ▪ Staff members should be spaced evenly throughout the line so that all campers are within sight of a staff member at all times.
      ▪ No restroom or water breaks are permitted during transition.
      ▪ A staff member MUST always accompany any camper that must leave the group for any reason during transition.

   o Response to emergency
      ▪ If a staff member suspects that a camper is missing, it must be immediately reported to the senior staff.
      ▪ The Director will coordinate a search for the child from both ends of the route and work towards the middle, starting with the last known location, restrooms/locker rooms and adjacent rooms.
      ▪ The Director will contact Campus police if necessary.
The staff will communicate via cell phone to update on status and cleared rooms.

If the camper is confirmed to be missing, a senior staff member will notify the parents.

☐ Injury during transition between gym and dorms/auxiliary spaces.

- Prevention
  - Campers MUST wear shoes at all times during transition.
  - Running, jumping, and other risky behavior should be prohibited.
  - Loose items being carried (i.e. bags, towels, clothing) should not be allowed to drag on the ground.
  - Campers should be instructed to walk forward and watch where they are going.
  - Maintain supervision with a staff/camper ratio of at least 1:10 for camp at all times.
  - No camper is permitted to leave the gym or dorms without being accompanied by a staff member.
  - At least one staff member with the group should carry a cell phone for communication with the senior staff.
  - Staff members should be spaced evenly throughout the line so that all campers are within sight of a staff member at all times.

- Response to emergency
  - All injuries must be reported immediately to the senior staff.
  - An injured camper that is unable to continue walking should ALWAYS be accompanied by an adult staff member.
  - A qualified individual should immediately treat an injury that requires CPR or immediate life saving intervention.
  - A senior staff member will implement the Emergency Action Plan, including calling 911.
  - A senior staff member will be responsible for documentation and notifying the parents of all major injuries that require treatment.

Camp Staff Qualifications and Responsibilities:
- Staff must maintain supervision with a staff/camper ratio of at least 1:10 for camp at all times.
- A senior staff member should always be present during gymnastic rotations.
- A minimum of 1 CPR certified staff member must always be present.
- Staff members are responsible for the proper set-up and organization of their gymnastic rotations.

Gymnastics Schedule Notification: Parents are provided camp schedules. Any changes to the regular schedule are communicated to the parents via email.

Parent authorization: Parents must agree to a health waiver during registration for participation in Maryland Gymnastics Summer Camp.
Participation eligibility: Campers ages 7-17 are eligible for participation. University of Maryland Gymnastics reserves the right to decline an application based on safety risk factors.

Supervision requirements: See Camp Staff Qualifications and Responsibilities

Safety rules, standards, and practices: See Potential Health and Safety Risks

Health and emergency information: This information is maintained in the Director's office and at the Athletic Training Station.

Communication: Designated staff and the senior staff both in the gym and at auxiliary gym/dorm facilities hold cell phones.
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME ____________________________  LAST  FIRST  MI

SEX: MALE □  FEMALE □  BIRTHDATE _________/_______/_______

COUNTY ____________________________  SCHOOL ____________________________  GRADE ______

PARENT NAME ____________________________  PHONE NO. ____________________________
OR  GUARDIAN ADDRESS ____________________________  CITY ____________________________  ZIP ______

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

<table>
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<tr>
<th>Vaccine Type</th>
<th>Dose #</th>
<th>DTP/DTaP/DT</th>
<th>Polio</th>
<th>Hib</th>
<th>Hep B</th>
<th>PCV</th>
<th>Rotavirus</th>
<th>MCV</th>
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To the best of my knowledge, the vaccines listed above were administered as indicated.

1. Signature ____________________________  Title ____________________________  Date ________________
   (Medical provider, local health department official, school official, or child care provider only)

2. Signature ____________________________  Title ____________________________  Date ________________

3. Signature ____________________________  Title ____________________________  Date ________________

Lines 2 and 3 are for certification of vaccines given after the initial signature.

Clinic / Office Name
Office Address/ Phone Number

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: □ Permanent condition  OR  □ Temporary condition until _________/_______/_______

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, ____________________________

Signed: ____________________________  Medical Provider / LHD Official  Date ________________

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: ____________________________  Date ________________
How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except varicella, measles, mumps, or rubella.

2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.

3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DTT/d).

4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but revaccination may be more expedient.

5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the DHMH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

1. Preschool program unless the student's parent or guardian has furnished evidence of age-appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
2. Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
3. Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and DHMH COMAR 10.06.04.03 are available at www.dhmh.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs” guideline chart are available at www.dhmh.maryland.gov. (Choose Immunization in the A-Z Index)
Managing Minors on Campus

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Last Updated: 1/26/2012
Welcome to the University of Maryland!

Having minors in your program is a tremendous responsibility. In addition, Federal and Maryland laws and regulations, as well as University requirements, change regularly and it is important to stay informed.

While managing minors on campus may seem daunting, there are a number of resources available to you. Conferences & Visitor Services has compiled information we feel will be helpful to you as you prepare for your summer program. It is divided into three sub-sections: “Things You Should Know About Hosting Minors on Campus,” “Training Your Chaperones,” and “Sample Forms and Resources.”

While we have tried to be thorough, this information is not meant to be the definitive source on supervising your program participants. You should check with the appropriate authorities and seek expert counsel should you have any questions.

The Maryland Department of Health and Mental Hygiene (DHMH) maintains youth program certification and associated requirements. Much of the information we are providing comes from them. The DHMH website pertaining to youth camp certification:

http://ideha.dhmh.md.gov/OEHFP/CHS/SitePages/youth-camp-certifications.aspx

Ultimately, the responsibility of managing the youth in your program is yours. We expect that you will make the proper arrangements to insure their well-being.

If we can be of assistance, please contact your Program Manager.

Sincerely,

Tom Flynn
Associate Director
Things You Should Know
About Hosting Minors on Campus

Camp Certification & the DHMH Website
The Maryland Department of Health and Mental Hygiene (DHMH) maintains regulations and a certification process pertaining to youth camps. Your summer program, regardless of whether or not you call it a camp, may require certification.

The DHMH website pertaining to youth camp certification:


Per section II.V. of your contract, you must ascertain you are meeting all laws and regulations regarding supervision of minors.

State laws and regulations supersede University requirements, unless University requirements surpass standards set by the state. Please consult qualified legal counsel in determining the specific application of these regulations to your program.

If you determine that your program requires certification, the application requires certain facility-related documents from the University. Conferences & Visitor Services will be your contact to obtain these documents.

The regulations are listed in the Code of Maryland Regulations (COMAR). To access a complete copy of the regulations online: go to http://www.dsd.state.md.us/comar/ and choose Option #3 (Access through Table of Contents Structure), then Title 10, then Subtitle 16, and finally 10.16.06. Each regulation is listed separately thereafter.

Background Check Requirement
The University Risk Manager requires all University of Maryland youth programs, including Maryland athletic camps, to obtain a criminal background check of all camp staff. Please contact Donna McMahon, Department of Environmental Safety, Assistant Director, Risk Management & Communications, dmcMahon@umd.edu, 301.405.3979, for further information.
Contractual Rules and Regulations:

In contracting with the University of Maryland to hold a summer program, you have agreed to abide by specific requirements. The following clauses in your agreement relate specifically to supervising minors on campus. Language in the agreement uses “supervisor” and “chaperone” interchangeably.

II.H. Supervision

1. Adult, live-in supervisors shall be present at all times for any attendees age seventeen and under at the ratio of at least one adult supervisor for every fifteen attendees while attendees are in the residence halls.
2. C&VS must know who the supervisors are, along with their room and telephone numbers in case of an emergency or disciplinary situation.
   a. C&VS will distribute to each supervisor a packet, which will include chaperone expectations and information.
   b. C&VS will issue telephones to supervisors that do not provide cell phone numbers. Telephones not returned at check-out will be billed to Licensee at a rate of $25 per telephone.
3. Supervisors are responsible for informing all attendees of University Rules and Regulations along with the fire/safety procedures and are responsible at all times for monitoring attendees conduct, informing C&VS staff of any discipline problems that may occur.
4. Supervisors must be dispersed evenly throughout the floors they occupy.
5. Supervisors are required to monitor campers’ use of elevators and take disciplinary action if elevators are misused by campers.
6. At least one (1) adult supervisor must be designated to monitor group behavior during each meal period. The Dining Hall Manager must be advised of the name of this supervisor at the beginning of each meal period.
7. In the event of a fire drill, supervisors are responsible for insuring all attendees comply with evacuation procedures.
8. Licensee will consult with University Risk Manager regarding background check requirements for supervisors.
II.O. UNIVERSITY RULES AND REGULATIONS
Licensee and Licensee's conference attendees are prohibited from:
1. Possession of illegal substances.
2. Cooking, except in designated kitchen areas.
3. Possession of animals, except when required to assist disabled persons.
4. Tampering with fire system or fire safety equipment.
5. Possession of any weapon, fireworks, or other flammable materials.
6. Disruptive, destructive or dangerous behavior as, at any time, it may be defined by
   the University.*
7. Possession or consumption of alcohol in public areas, or possession or consumption
   of alcohol by Attendees under the age of 21.
8. Smoking in any University building.
This is not a complete list of University rules and regulations. Please contact your
Program Manager for additional information.

* Below are specific disruptive, destructive or dangerous behaviors that have been
   singled out in the past. This list is far from exhaustive and chaperones must be aware that
   they are responsible for the conduct and behavior of the campers they supervise:
   - Throwing or hanging anything out of a window.
   - Disrupting the activities of other camps, campers, students, or staff in any
     way, verbally or physically.
   - Use of any sports equipment inside the residence hall.
   - Misuse of/Horseplay in the elevators.
   - Destruction of any University property, including residence hall and lounge
     furniture.

II.U. INCIDENT NOTIFICATION
Licensee will notify the Program Manager or C&VS’ Associate Director in the event of
any incident (including but not limited to illness, injury, and/or property damage)
involving camp attendees, camp staff, coaches, University staff, and/or University
property. Licensee will not call emergency personnel to the residence hall without
notifying the hospitality desk.
Training Your Chaperones

Chaperone Expectations

- Chaperones are responsible for the conduct and safety of those they supervise.
- All chaperones must be present at all times when the attendees are in the residence halls.
- All chaperones should be present at all times when the attendees are in the dining halls.
- All chaperones shall abstain from the use of alcohol, illegal substances, and/or any medications that might impair their response while checked into the residence halls.
- All chaperones are responsible for advising each attendee of University rules and regulations and residential fire safety/evacuation information.
- All chaperones shall assist each attendee with emergency procedures should the need arise.
- All chaperones shall be responsible at all times for attendee conduct and act as liaisons between University staff and the attendees in the event of disciplinary problems.
Cell Phones and Emergency Services

Dialing 911 from a cell phone (as opposed to a University phone) will trigger response from Prince George’s county police department. The University has set up its own response teams and procedures that will not be activated from a 911 call to the county. In fact, University authorities may not be notified if county services are called.

University phone lines are available throughout the north campus residence halls (hallways, elevators, hospitality desk, blue security phones, etc.) and should be the first choice for calling emergency personnel. 911 calls from campus phones connect you directly with University police and immediately indicate your location to the dispatchers.

If using a cell phone is a necessity, the preferred phone number for emergency situations is 301.405.3333 or #3333 (Verizon Wireless, Sprint/Nextel, or ATT) and for non-emergency situations, 301.405.3555.

In the event of an elevator outage, USE THE PHONE IN THE ELEVATOR. Resist the urge to call 911, 301.405.3333, or 301.405.3555. The phone in the elevator is connected to a system that will coordinate rescue and repair service crews who are familiar with University elevators. Calling any other number may result in the exacerbation of the equipment failure and cause longer elevator outages.

This nuance of the phone system should be explained to all staff, chaperones, and participants.

Theft Prevention

Bedroom doors must be locked manually with a key. Campers are issued lanyards so they can easily carry their keys with them. The easiest way to help prevent theft is to lock bedroom doors.
Medical Emergencies
All camps should have an emergency plan that has been discussed with all chaperones prior to camper Check-In. Below is an outline of important aspects of an emergency plan.

- **Medical emergencies include but are not limited to:**
  - Serious accidents involving participants, coaches, and/or staff.
  - Serious illnesses.
  - Natural disasters.

- **Preparation for a medical emergency.**
  - All chaperones should have a list of important contacts including room numbers and/or phone numbers for:
    1. Camp Medical Personnel, if applicable
    2. Staff with CPR/First Aid training
    3. The Group Leader
    4. Other Chaperones
    5. The Hospitality Desk
    6. Emergency Services

  - All chaperones should know the location of the Medical Release/Permission Forms. These forms must be immediately available at all times in case a patient needs urgent care.

  - A plan for contacting parents/guardians should be made determining who should contact them (group leader, police, staff member, etc.).

  - An emergency plan should consider the following roles and who will perform them:
    1. Attending to injured person(s)
    2. Calling and meeting paramedics with appropriate keys and access cards
    3. Notifying your Hospitality Desk
    4. Attaining Medical Release/Permission forms
    5. Supervising the rest of the group and initiating crowd control
    6. Accompanying injured person(s) to the hospital
    7. Implementing parent/guardian contact plan
    8. Documenting all information relating to the incident and the emergency response
In the event of a medical emergency (in an ideal plan, these roles are pre-determined):

1. Attend and assess the victim(s) first.
2. Get professional help or designate someone to do so by calling the appropriate number with the appropriate information as listed below:
   - From any campus phone: 911
   - From a cell phone: 301.405.3333 or #3333 (Verizon Wireless, Sprint/Nextel, or ATT)
   - Blue Emergency Phones around campus have a red emergency button that links directly with 911
   - Caller should know the following:
     - Location of victim (building name, floor, and room)
     - Symptoms/state of victim: Conscious, breathing bleeding, vomiting, etc.
3. Designate someone to retrieve the Medical Release/Permission forms.
4. Call your Hospitality Desk and let them know that you have called 911. This will trigger a separate emergency response system.
5. Administer CPR if qualified and appropriate.
6. Notify the group leader.
7. Implement the parent/guardian notification plan.
8. Once the situation is under control or emergency medical staff has taken over, complete a detailed incident report. (See sample incident report.)

If an injury or death has occurred, do not release the name(s) of the injured/deceased until all next of kin (defined as immediate family) have been notified.
The University Health Center

http://www.health.umd.edu/
Phone: 301.314.8180 (x4-8180)

The University Health Center (UHC) is located on Campus Drive directly across from the Stamp Student Union. The Health Center offers a number of services that may be of use to campers and staff in the case of a non-emergency medical situation. For information on services offered, visit the website or call the number above.

**Summer Hours** are 8 AM to 5 PM Monday-Friday and the UHC is closed on Saturdays and Sundays.

**Cost/Insurance Information**

- There are fees for all services provided at the UHC. There is an office visit fee and fees for services such as x-rays, laboratory tests, allergy injections, physical therapy, massage, acupuncture and medications dispensed through the pharmacy and medical units. A typical UHC visit without any procedures, lab, or x-ray services will range from $50-$125.

- All visitors should bring ID and a medical insurance card to be presented at the Registration Desk. Visitors must pay any insurance co-payments required by their insurance plan at the time of the visit. Visitors may pay by cash, Visa, Discover, American Express, or Mastercard.

- The UHC will bill many private insurance plans. The UHC cannot bill Medicare, Medicaid, Kaiser Permanente, and TRICARE Prime. If a guest belongs to an HMO, they should contact their plan in advance and ask if they will cover care at the UHC. Visitors are responsible for any non-covered charges. The UHC is in-network with Carefirst/Blue Cross-Blue Shield, United Healthcare and TRICARE Standard.

- The UHC Pharmacy participates with many pharmacy insurance plans. The Pharmacy staff can advise as to which plans are accepted.

- The UHC can only bill U.S. health insurance companies. International students can request a Statement for Services Provided to submit to their home country coverage plan for possible reimbursement.

**Campers are welcome at the University Health Center**

- If the camper is under 18, make sure he or she is accompanied by an adult camp staff member.

- The camper will need his or her Medical Release/Permission form.
Fire Safety
A fire emergency exists when there is: visible flame, the presence or odor of smoke, the release of toxic gas, or a flammable liquid spill. When such an emergency is discovered, an occupant should:

1. Pull the building fire alarm, unless the alarm is already sounding.
2. Shut off equipment in the immediate area and close the door if safe to do so.
3. **Do not use elevators under any circumstance in a situation where fire is suspected.**
4. Call 911 from a campus phone or 301.405.3333 or #3333 (Verizon Wireless, Sprint/Nextel, or ATT) from an off-campus phone, alerting them of the status and location of the emergency.
5. Leave the building, **exiting through the emergency fire doors in the stairwells, NOT THROUGH THE LOBBY.** Meet in a pre-designated “safe spot.”
6. One chaperone must notify the Hospitality Desk of the location of the fire, smoke, toxic gas, or flammable liquid spill. This will trigger a separate emergency response.
7. Be available to assist emergency responders by giving information about the situation.
8. Do not re-enter the building until the emergency fire response team has assessed the situation and deemed the building safe for re-entry.

**NOTE:** The use of fire extinguishers is not required by any building occupant or campus employee and is not recommended for those who have not received training.

Elevator Information
Participants should be informed that elevator outages do occur and that the Hospitality Desk should be notified whenever an elevator is out of service. Participants should also be informed that misuse of the elevator is the number one cause elevator outages. If participants become trapped in an elevator, they should stay calm and follow these instructions:

- Each elevator is equipped with a phone receiver or call box. A trapped participant should pick up the receiver or push the button on the call box to call for help. A trained technician will be sent to solve the problem and safely escort the participants out of the elevator.
- If the trapped participant(s) are able to communicate with anyone outside of the elevator, they should instruct that person to notify the Hospitality Desk of the situation.
- **DO NOT call 911, x5-3333, or x5-3555 unless a participant is in a life-threatening situation or becomes hysterical.**
- If, for some reason, the call box is not working and a cell phone is available, call the **Hospitality Desk, NOT emergency services.**
Sample Forms and Resources

Sample Agenda for the First Camp Meeting

- **Welcome – Introductions**
  - Introductions of chaperones/group leader
  - Medical staff if applicable

- **Meal/Access Cards and Key Information**
  - Safety precautions
    - Never allow someone you do not know to enter the building. Any campus staff members that need access will have a University photo ID giving them access.
    - If someone suspicious has entered the building, do not let them follow you into an elevator or stairwell. Notify the service desk.
    - Theft prevention. ALWAYS lock your door when leaving your room or when you are sleeping.
    - Do not share meal cards.
  - Do not switch keys or rooms without notifying a chaperone and bringing that chaperone to the Hospitality Desk, where a switch can be made.
  - Lost Meal/Access Cards and/or keys should be reported immediately to the Hospitality Desk.
    - $85 lost key fee.
    - $5 lost meal card fee (paid by attendee at Dining Hall).
    - $5 fee for spare Access Cards not returned at Check-Out.

- **Hospitality Desk**
  - The Hospitality Desk is open 24-hours.
  - Services: Information and assistance with any campus-related questions, emergency assistance, room switches, lost keys and Meal/Access Cards, phone numbers, elevator outages, late Check-Ins, and early Check-Outs
  - The Hospitality Desk should be notified in the event of any medical, fire, or security emergencies.

- **Elevator Usage**
  - Elevators have a limited load. If this load is reached, the elevator can get stuck, trapping campers until a technician arrives.
  - Horseplay can also cause elevator outages.
  - If an elevator does get stuck, use the phone in the elevator to call for help and have the Hospitality Desk notified.

- **Fire Safety**
  - In the event of a fire emergency, pull the fire alarms located in the hallways of residence halls, call 911, and notify the Hospitality Desk of the situation as you exit the building.
• **Rules and Regulations**
  All campers and camp staff are prohibited from:
  1. Possession of illegal substances.
  2. Cooking, except in designated kitchen areas.
  3. Possession of animals, except when required to assist disabled persons.
  4. Tampering with fire system or fire safety equipment.
  5. Possession of any weapon, fireworks, or other flammable materials.
  6. Disruptive, destructive or dangerous behavior as, at any time, it may be defined by the University. Included but not limited to:
     - Throwing or hanging anything out of a window.
     - Disrupting the activities of other camps, campers, students, or staff in any way, verbally or physically.
     - Use of any sports equipment inside the dormitory
     - Misuse of/Horseplay in the elevators.
     - Destruction of any University property, including dormitory and lounge furniture.
  7. Possession or consumption of alcohol in public areas, or possession or consumption of alcohol by Attendees under the age of 21.
  8. Smoking in any University building.
  9. Installation of air-conditioning units in any space without prior written consent from University.

• **Bulk Trash Removal**
  All bulk trash must be taken to the dumpsters by the end of camp.
Medical Release/Permission Form

Name ________________________________________________________________________________

Name Preferred _______________________ Sex___________ Birthdate ________________

Health Insurance Company_______________________Policy # ______________

Insured’s name _________________________________________________________________________

Allergies ______________________________________________________________________________

Required medications/dosage ______________________________________________________________

Dietary needs __________________________________________________________________________

Parent/Guardian Information:
If parents live at different addresses, list both, and indicate which is the primary residence

Name __________________________________            ________________________________________

Address(es) ______________________________    _________________________________________

_______________________________________   _________________________________________

Home phone(s) ___________________________   _________________________________________

Work Phone(s) ___________________________   _________________________________________

Person to notify in case Parent/Guardian cannot be reached:

Name __________________________________ relationship ___________________________________

Home phone _____________________________ Work phone ___________________________________

Parent/Guardian Authorization:

PARENTAL CONSENT:
I give full permission for my child to attend____ __________ held at the University of Maryland on the dates of
_______ to _______.

I DO/DO NOT (circle one) give my permission for photographs or video footage of my child to be used by
for promotional purposes.

TRANSPORTATION RELEASE:
I give full permission for my child to be transported to activities off site and away from The University of Maryland,
riding in approved vehicles, with approved drivers and to attend and participate in camp-sponsored activities off site.

MEDICAL RELEASE:
I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child
if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

WAIVER OF LIABILITY:
I agree to indemnify, release and hold harmless _______________________[name of camp], the University of
Maryland, the State of Maryland, and their respective officers, agents, employees and volunteers from any and all
costs, liabilities, expenses, claims, compensation, demands, or causes of action on account of any loss or damage to
person or property of the aforementioned child arising out of or in connection with his/her participation in the
aforementioned camp and related camp activities.

Parent/Guardian Signature_____________________________date______________________________
INCIDENT REPORT FORM

Instructions:
Please complete the following information within 48 hours of any incident involving injury to or affecting the health or safety of a participant. If there are any witnesses involved, please obtain a statement from each individual indicating his/her recollection of the incident. Upon completion of this form, please forward a copy to the University Program Manager with Conferences and Visitor Services.

Date:__________

Camp/Program Name: __________________________________________________________________________
Counselor/Reporting Party: ______________________________________________________________________
Telephone Number: _______________________________________________________________________

Date of Incident: ___________________________ Time of Incident: _____________________________
Location of Incident: ___________________________________________________________________________
Injured/Involved Parties: _______________________________________________________________________
Address: _________________________________ Telephone Number: ____________________________
Parent/Guardian Name: _______________________________________________________________________
Injured/Involved Parties: _______________________________________________________________________
Address: _________________________________ Telephone Number: ____________________________
Parent/Guardian Name: _______________________________________________________________________
Description of Incident: _______________________________________________________________________
____________________________________________________________________________________________

Did University Police Respond?        Yes                 No
If Yes:      Officer Responding  ______________________________
            Incident Report Number ___________________________

Did Anyone Receive Medical Attention?    Yes              No
If Yes:   Where _________________________________________
            Transport Provided By ____________________________

Witness (es): (Please note the name and contact information for any witnesses to the incident)

Name: ___________________________________________ Telephone Number: ___________________________
Address: _____________________________________________________________________________________

Name: ___________________________________________ Telephone Number: ___________________________
Address: _____________________________________________________________________________________

SIGNATURES:

Camp Sponsor _____________________________________________________  __________ ___________ (date)
Phone Numbers

If calling from off-campus
x4 = 301.314.xxxx
x5 = 301.405.xxxx
x6 = 301.226.xxxx

Hospitality Desks
Annapolis Hall (South Hill Hospitality Desk) ................................................. x4-2662 (x4-ANNA)
Centreville Hall ................................................................................................. x4-2368 (x4-CENT)
Cumberland Hall ............................................................................................. x4-2862 (x4-CUMB)
Denton Hall ....................................................................................................... x4-3368 (x4-DENT)
Easton Hall ....................................................................................................... x4-3278 (x4-EAST)
Elkton Hall ........................................................................................................ x4-3558 (x4-ELKT)
Ellicott Hall ........................................................................................................ x4-3554 (x4-ELLI)
Hagerstown Hall .............................................................................................. x4-4243 (x4-HAGE)
LaPlata Hall ...................................................................................................... x4-5275 (x4-LAPL)
Leonardtown ..................................................................................................... x4-5366 (x4-LEON)

Medical/Emergency Contacts
Emergencies .............................................................................................................. 911
(Fire, Police, and Medical)
Non-Emergency Police ......................................................................................... x4-3555
Cell Phone Emergencies 301.405.3333or #3333 (Verizon Wireless, Sprint/Nextel, or ATT)
Cell Phone Non-Emergency Police ................................................................. 301.405.3555
Poison Center .................................................................................................. 800.222.1222
Prince George’s County Health Department ................................................. 301.883.7851
University Health Center .................................................................................. x4.8180

Area Hospitals
Washington Adventist Hospital ......................................................................... 301.891.5070
Southern Maryland Hospital Center ............................................................. 301.868.8000
Prince George’s Hospital Center ..................................................................... 301.618.2000
Doctor’s Community Hospital ......................................................................... 301.552.8118
Laurel Regional Hospital ................................................................................... 410.792.2270

Campus Information .......................................................................................... x5-1000

Conferences and Visitor Services ........................................................................ x4-7884

Program Manager Cell Phone ............................................................................
Assistant Program Manager Cell Phone ............................................................
Program Manager Office Phone ........................................................................
## I. CAMP OPERATOR

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

## II. CAMP INFORMATION

<table>
<thead>
<tr>
<th>YOUTH CAMP NAME</th>
<th>PHYSICAL ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIPCODE</th>
</tr>
</thead>
</table>

## III. PRESCRIBER’S AUTHORIZATION

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>DATE OF BIRTH</th>
<th>CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:</th>
</tr>
</thead>
</table>

**EMERGENCY MEDICATION**

[ ] YES  [ ] NO

<table>
<thead>
<tr>
<th>MEDICATION NAME</th>
<th>DOSE</th>
<th>ROUTE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TIME/FREQUENCY OF ADMINISTRATION</th>
<th>IF PRN, FREQUENCY</th>
</tr>
</thead>
</table>

**IF PRN, FOR WHAT SYMPTOMS**

**KNOWN SIDE EFFECTS SPECIFIC TO CHILD**

<table>
<thead>
<tr>
<th>MEDICATION SHALL BE ADMINISTERED (NOT TO EXCEED 1 YEAR)</th>
</tr>
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<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PRESCRIBER’S NAME/TITLE</th>
<th>PRESCRIBER’S SIGNATURE (Parent cannot sign here)</th>
</tr>
</thead>
</table>

This space may be used for the Prescriber’s Address Stamp

<table>
<thead>
<tr>
<th>TELEPHONE</th>
<th>FAX</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIPCODE</th>
</tr>
</thead>
</table>

## IV. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HOME PHONE #</th>
<th>CELL PHONE #</th>
<th>WORK PHONE #</th>
</tr>
</thead>
</table>

## V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY

I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.

<table>
<thead>
<tr>
<th>PRESCRIBER’S SIGNATURE</th>
<th>SELF CARRY EMERGENCY MEDICATION (Check One)</th>
<th>DATE</th>
</tr>
</thead>
</table>

[ ] YES  [ ] NO  [ ] Not emergency medication

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN’S SIGNATURE</th>
<th>SELF CARRY EMERGENCY MEDICATION (Check One)</th>
<th>DATE</th>
</tr>
</thead>
</table>

[ ] YES  [ ] NO  [ ] Not emergency medication
### MEDICATION ADMINISTRATION FORM

**I. FACILITY RECEIPT AND REVIEW**

<table>
<thead>
<tr>
<th>MEDICATION RECEIVED FROM</th>
<th>DATE</th>
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<tbody>
<tr>
<td>PLAN OF ACTION RECEIVED</td>
<td></td>
</tr>
<tr>
<td>[ ] YES</td>
<td>[ ] NO</td>
</tr>
<tr>
<td>HEALTH SUPERVISOR NOTIFIED</td>
<td>[ ] YES</td>
</tr>
<tr>
<td>MEDICATION RECEIVED BY</td>
<td>PERSON'S SIGNATURE</td>
</tr>
</tbody>
</table>

**II. MEDICATION ADMINISTRATION RECORD**

Each administration of the listed medication shall be noted on the child’s record below. Each nonprescription and prescription medication requires a separate medication authorization form and the administration of the listed medication is required to be recorded on the corresponding administration record.

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Name:</td>
<td>Dosage:</td>
</tr>
<tr>
<td>Route:</td>
<td>Time(s) to Administer:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DOSAGE</th>
<th>REACTION OBSERVED (IF ANY)</th>
<th>SIGNATURE</th>
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</tbody>
</table>
# MEDICATION FINAL DISPOSITION FORM

**Department of Health & Mental Hygiene (DHMH)**  
Center for Healthy Homes and Community Services (CHHCS)  
6 St. Paul Street, Suite 1301  
Baltimore, Maryland 21202-1608  
(410) 767-8417 FAX (410) 333-8926  
Toll Free 1-877-4MD-DHMH ext. 8417

## I. FINAL MEDICATION DISPOSITION OF MEDICATION

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date of Birth:</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Medication Name:</th>
<th>Final Disposition:</th>
<th>[ ] Returned (Complete Section A)</th>
<th>[ ] Destroyed (Complete Section B)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### Section A

<table>
<thead>
<tr>
<th>MEDICATION RETURNED TO:</th>
<th>DATE</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>MEDICATION RETURNED BY (PERSON’S SIGNATURE)</th>
<th>DATE</th>
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</thead>
<tbody>
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</table>

### Section B

The above indicated medication was not retrieved by the parent/guardian within 1 week of the camper leaving camp; therefore, it has been destroyed according to COMAR 10.16.06.33.

<table>
<thead>
<tr>
<th>SIGNATURE OF PERSON RESPONSIBLE FOR DESTROYING MEDICATION</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF PERSON WITNESSING THE DESTRUCTION OF THE MEDICATION</th>
<th>DATE</th>
</tr>
</thead>
</table>
University of Maryland Gymnastics

Summer Camp

Medication Administration Documents

Authorization form, Administration Form & Disposition Form

Camp Directors:

Brett Nelligan – Maryland Gymnastics Head Coach
Erinn Dooley – Maryland Gymnastics Assistant Coach
JJ Ferreira – Maryland Gymnastics Assistant Coach
University of Maryland Gymnastics

Summer Camp

Pool Safety Plan

**All Lifeguard Certification Cards are on file with the Eppley Recreation Center Staff

Camp Directors:

Brett Nelligan – Maryland Gymnastics Head Coach

Erinn Dooley – Maryland Gymnastics Assistant Coach

JJ Ferreira – Maryland Gymnastics Assistant Coach
University of Maryland Gymnastics Summer Camp Pool Safety Plan

Purpose:
The purpose of this plan is to inform camp staff and volunteers of the proper safety procedures for trips to the pool during Summer Camp.

Training:
Staff and volunteers must receive training on this plan prior to working. Training must include an opportunity to discuss the procedures and ask questions.

Knowledge and Conduct:
Staff and volunteers must know and follow the camp’s pool safety plan. The participants and Director will document participation in safety training.

Availability:
A copy of this pool safety plan must always be available to the camp staff. Copies can be found in the Director’s office and with the Athletic Trainer. Each staff member will also receive a copy during training.
Potential Health and Safety Risks

☐ Lost child during transition between gym and pool.
  o Prevention
    ▪ Maintain supervision with a staff/camper ratio of at least 1:10 for camp at all times.
    ▪ Staff members should be spaced evenly throughout the line so that all campers are within sight of a staff member at all times.
    ▪ No restroom or water breaks are permitted during transition.
    ▪ A staff member MUST always accompany any camper that must leave the group for any reason during transition.
  o Response to emergency
    ▪ If a staff member suspects that a camper is missing, it must be immediately reported to the senior staff.
    ▪ The Director will coordinate a search for the child from both ends of the route and work towards the middle, starting with the last known location, restrooms/locker rooms and adjacent rooms.
    ▪ The staff will communicate via cell phone to update on status and cleared rooms.
    ▪ If the camper is confirmed to be missing, a senior staff member will notify the parents.
    ▪ The Director will contact Campus Police if necessary.

☐ Injury during transition between gym and pool.
  o Prevention
    ▪ Campers MUST wear shoes at all times during transition.
    ▪ Running, jumping, and other risky behavior should be prohibited.
    ▪ When traveling through doorways, staff members are responsible for holding the door open until all campers have passed.
    ▪ Loose items being carried (i.e. bags, towels, clothing) should not be allowed to drag on the ground.
    ▪ Campers should be instructed to walk forward and watch where they are going.
    ▪ Maintain supervision with a staff/camper ratio of at least 1:10 for camp at all times.
    ▪ Staff members should be spaced evenly throughout the line so that all campers are within sight of a staff member at all times.
  o Response to emergency
    ▪ All injuries must be reported immediately to the senior staff.
    ▪ An injured camper that is unable to continue walking should ALWAYS be accompanied by an adult staff member.
    ▪ A qualified individual should immediately treat any injury that requires CPR or immediate life saving intervention.
    ▪ A senior staff member or ERC staff will implement the Emergency Action Plan, including calling 911.
    ▪ A senior staff member will be responsible for documentation and notifying the parents of all major injuries that require treatment.

☐ Injury/health emergency during pool time
**Prevention**

- Maintain supervision with a staff/camper ratio of at least 1:10 for camp at all times.
- ERC will provide a minimum of 1 lifeguard for every 25 campers.
- There must be a minimum of 1 staff member actively watching the pool for every 25 campers in the water.
- No camper is permitted to leave the pool area without being accompanied by a staff member.
- Running is prohibited around the pool and in the locker rooms.
- Head first diving, jumping in with a running start, climbing on railings, and flipping are prohibited at the indoor pool.
- Campers must successfully pass a swim test administered by the ERC pool staff before being allowed to use the diving board and deep-water area at the outdoor pool. A wristband will be given to those that successfully complete the swim test.
- Staff and campers are required to listen to pool safety instructions on the first day of camp each session.
- Staff and campers will observe the rules of the ERC and pool at all times.
- Staff and campers will obey the instructions of the lifeguards.

**Response to emergency**

- All injuries must be reported immediately to the senior staff and ERC staff.
- An adult staff member should ALWAYS accompany an injured camper.
- A qualified individual should immediately treat an injury that requires CPR or immediate life saving intervention.
- ERC staff will be responsible for implementing the Emergency Action Plan, including calling 911.
- A senior staff member will be responsible for documentation and notifying the parents of all injuries that require treatment.

**Sexual offenders and other suspicious activity**

**Prevention**

- Maintain supervision with a staff/camper ratio of at least 1:10 for camp at all times.
- Staff members must check for safety risks before campers enter the locker rooms.
- While getting dressed in the locker rooms, campers should only be allowed to change in the stalls and areas designated by the staff.
- No camper is permitted to leave the pool area without being accompanied by an adult staff member.
- A staff member with a cell phone should always be present while campers are in the locker room.
- Any suspicious activity should be immediately reported to the senior staff.

**Response to emergency**
- Call for help.
- If possible, immediately move campers to a safe location.
- Immediately report any incident to senior staff.

Camp Staff Qualifications and Responsibilities:
- Staff must maintain supervision with a staff/camper ratio of at least 1:10 for camp at all times.
- There must be a minimum of 1 staff member actively watching the pool for every 25 campers in the water.
- A senior staff member should be present with each program during pool time.
- A minimum of 1 CPR certified staff member must accompany each program during pool time.
- A staff member must accompany any campers that need to leave the group (i.e. early dismissal, restroom/water break, retrieve personal item).

Pool Time Notification: Parents are provided camp schedules that provide scheduled pool times. Any changes to the regular schedule are communicated to the parents via email.

Parent authorization: Pool time is an assumed part of Maryland Gymnastics Summer Camp and is clearly stated in its descriptions. However, parents or campers may choose to opt out of swimming.

Participation eligibility: All campers are eligible to swim with the exception of campers with medical conditions that prohibit them from swimming.

Supervision requirements: See Camp Staff Qualifications and Responsibilities

Safety rules, standards, and practices: See Potential Health and Safety Risks

Equipment:
- A minimum of 2 cell phones for communication between staff and senior staff.
- Swipe access card for ERC access.
- Water basketball and hoop provided by the ERC.
- Campers should bring their own swimming attire, towels, and goggles.
- Sunscreen will not be provided by the University of Maryland Gymnastics Camp. Any campers needing sunscreen must apply before leaving home and/or by self-application in the dorms prior to departing for the pool.
  - In no instance will a staff member apply sunscreen to a camper.

Health and emergency information: This information is maintained in the Director's office.

Communication: Designated staff and the senior staff both in the gym and at the pool facility hold cell phones.

Inclement weather: The ERC pool staff is responsible for determining the pool's safety during inclement weather. Director will determine the best course of action during transition.
University of Maryland Gymnastics

Summer Camp

Rabies Shot Documentation

Not Applicable – No Animals Present

Camp Directors:

Brett Nelligan – Maryland Gymnastics Head Coach

Erinn Dooley – Maryland Gymnastics Assistant Coach

JJ Ferreira – Maryland Gymnastics Assistant Coach
b. If there is any allegation of past or current abuse that occurred or is occurring on University property or if the abuse if perpetrated by any person affiliated with the University or University System of Maryland.

3. While you are not required to inform the adult victim that you are making a report, you should feel free to do so.

University of Maryland Gymnastics Camp additions:

1) The Camp Director will be responsible for contacting the parent/guardian immediately following the incident.
2) The Camp Director will be responsible for communicating the incident to the media, if necessary.

Supporting the Victim (to be used by Director and Senior Staff Members):

What Do I Do if a Child Tells You They Have Been Sexually Abused?
If a child discloses abuse to you:

- **Believe the child.** The most important thing is to believe the child. There is little evidence that children make false allegations of abuse; what is more common is a child denying that abuse happened when it did. Children have different ways of talking about their lives and remember details differently than adults do. If a child reports sexual abuse that has not actually occurred, it is still a very serious cry for help and it will be important to seek professional support. Be sure to tell the child that you believe him/her. Believing is also the first step to helping the child heal.
- **Do not make promises you can’t keep.** For example, do not promise the child that he/she will never have to see the abuser again. You cannot guarantee that the child will not, and therefore should not promise it. Children will be looking to you for support.
- **Reassure the child that the abuse is not his/her fault.** The child’s greatest fear is that he/she is responsible for the abuse. Additionally, one of the worst tricks abusers play on children is convincing the child into believing he/she is an equal partner in the abuse.
- **Stay calm,** even though you may feel surprised or upset. Your calmness will reassure the child that he/she hasn't done anything wrong.
- **Do not interrogate the child.** It can be traumatic for the child to repeat their story numerous times. It is often in the interest of the child to wait for a children's division worker to conduct the interview. When talking to the child, let him/her lead the conversation.
- **Report the abuse immediately as instructed by Office of Sexual Misconduct**

Dealing with the Perpetrator (to be used by Director and Senior Staff Members)

1) Remove the perpetrator from the situation.
2) Wait for the proper authorities to arrive.
University of Maryland Gymnastics Summer Camp Emergency Plan

Purpose:
The purpose of this written emergency plan is to inform camp staff and volunteers what actions to follow to ensure each camper’s safety while at camp.

Training:
Staff and volunteers must receive training in the emergency plan prior to beginning work at camp. Training must include an opportunity to discuss the procedures and ask questions.

Knowledge and Conduct:
Staff and volunteers must know and follow the camp’s emergency procedures. Training will be provided prior to the first session of camp and participation in training will be documented.

Availability:
A copy of the emergency plan will be available to the camp staff at all times in the Director’s office. Each staff member will also receive a copy during training.
In the event of a serious injury:
- Clear the area and stop activity to avoid further danger.
- Immediately notify the Director or Athletic Trainer.
- If necessary, a qualified individual should immediately treat any injury that requires CPR or first aid.
- The Director or Athletic Trainer will call 911.
- A staff member will need to receive the emergency personnel outside of the building to help direct them to the injured person.

In the event of a fire or bomb threat:
- All campers and staff will evacuate the gym and proceed to the outside safe area located across the street from the School of Public Health in front of Chestertown Hall.
- If barefoot, campers will be instructed to quickly put their shoes on before leaving the building.
- If a group is located in a different area from the gym, their assigned staff members will lead them directly to the safe area.
- Staff members not assigned to a group will be responsible for assisting campers out of the building, holding doors open, and acting as crossing guards for the street.
- The Assistant Director will coordinate the retrieval of camp attendance sheets.
- A senior staff member will lead the way for campers out of the building towards the safe area.
- The Director will be responsible for clearing the gym and restrooms.
- Group leaders will take roll call upon arrival to the safe area.
- Senior staff and designated staff members will carry cell phones.

In the event of a tornado warning:
- All campers and staff will immediately evacuate the gym and proceed to the safe area located in the matted room on the basement level of the building.
- If a group is located in a different area from the gym, their assigned staff members will lead them directly to the safe area.
- The Assistant Director will coordinate the retrieval of camp attendance sheets.
- A senior staff member will lead the way for campers to the safe area.
- The Director will be responsible for clearing the gym and restrooms.
- Group leaders will take roll call upon arrival to the safe area.
- Senior staff and designated staff members will carry cell phones.

In the event of a lost child during an emergency situation:
- If a staff member suspects that a camper is missing, it must be immediately reported to the senior staff.
- The Director will coordinate a search for the child from both ends of the route and work towards the middle, starting with the last known location, restrooms/locker rooms and adjacent rooms.
o The staff will communicate via radio to update on status and cleared rooms.
  o Campus police will be contacted if necessary

In the event of an injured camper during an emergency situation:
  o All injuries must be immediately reported to and supervised by the senior staff and Athletic Trainer.
  o Unless he or she is in immediate danger, do not attempt to move an individual suspected to have a serious injury until cleared by Athletic Trainer.
  o An adult staff member should ALWAYS accompany an injured camper.
  o A qualified individual should immediately treat any injury that requires CPR or immediate life saving intervention.
  o The Director or Athletic Trainer will be responsible for implementing the Emergency Action Plan, including calling 911.
  o The Director or Athletic Trainer will be responsible for documentation and notifying the parents of all injuries that require treatment.

Contacting 911:
  o During an emergency, the Director or Athletic Trainer will be responsible for contacting 911.
  o All senior staff members should carry cell phones during an emergency.

Parent notification of an emergency:
  o At the earliest possible time, an email should be sent out to all parents to inform them of the situation and outcome.
  o Group leaders will contact the parents/guardians of their group members via cell phone if necessary.

Camper pick-up following an emergency:
  o If campers are to be dismissed following an emergency, the Director will initiate the camp pick-up procedure.
  o If the regular pick-up location is not available or safe to use, the Director will identify and coordinate an alternative location.
  o The senior staff will be responsible for supervising all remaining campers until everyone is dismissed and accounted for.

Building evacuation drills:
  o On the first day of each session an emergency evacuation drill will be conducted for all staff and campers.
  o The date, time, and outcome of each drill will be documented.
Student-Athlete Employees

All student-athlete employees must have an up-to-date immunization record to be a student at the University of Maryland. All records are maintained by the University of Maryland Athletic Training staff in the Gossett Football Team House in the Athletic Training Room.

Camp Directors:

Brett Nelligan – Maryland Gymnastics Head Coach

Erinn Dooley – Maryland Gymnastics Assistant Coach

JJ Ferreira – Maryland Gymnastics Assistant Coach
University of Maryland Gymnastics Summer Camp Health Program

Purpose:
The purpose of the health program is to inform camp staff and volunteers what actions to follow to ensure each camper's health and safety while at camp.

Training:
Staff and volunteers must receive training on this plan prior to working. Training must include an opportunity to discuss the procedures and ask questions.

Knowledge and Conduct:
Staff and volunteers must know and follow the camp's health program procedures.

Availability:
A copy of this health plan must always be available to the camp staff. Copies can be found in the Director's office and with the Athletic Trainer and Health Supervisor.
HEALTH INFORMATION MANAGEMENT

Obtaining and reviewing health information:
Camper health forms must be collected either electronically or by paper form prior to participation. Staff health forms must be collected prior to beginning work. The Director or Athletic Trainer reviews the health forms for completion and to identify health risks.

Identifying medical problems on health forms:
The Director will coordinate a Plan of Action with the Athletic Trainer and coordinate with the Health Supervisor for any identified medical problems.

Communicating camper health information:
The Director or Athletic Trainer will verbally communicate health related concerns directly to the staff that work with the involved camper and coordinate with the Health Supervisor.

Confidential health information protection:
Health forms are maintained with the Athletic Trainer, which is locked at all times when unattended.

Obtaining information on disease, illness, or injury:
The staff is provided with important information regarding campers with specific health concerns. All unforeseen and immediate cases of illness or injury are deferred to the senior staff to seek appropriate care and to be coordinated with the Health Supervisor.

MEDICAL EMERGENCIES

Identifying signs of injury or illness:
All staff members are trained to recognize unusual behavior that may indicate injury or illness, including unusual fatigue, disorientation, signs of guarding, and apparent pain.

Emergencies and accidents:
Emergency situations are addressed in the staff’s safety plans.

First Aid and CPR:
Select members of the staff are CPR and First Aid certified and should respond as outlined in the staff’s safety plans.

911 Calls:
The Director or Athletic Trainer is responsible for implementing the emergency action plan and coordinating calls for 911. The exception to this policy is when an emergency occurs in the ERC or other facilities that have their own emergency protocols. The staff will then coordinate with the Health Supervisor.
Supervision of injured or ill campers:
The senior staff will be responsible for supervising injured or ill campers until picked up by parents or emergency responders.

Health treatment area:
The training table located by the gym entrance will serve as the primary treatment area for injuries.

REPORTING MEDICAL EMERGENCIES

Parent notification:
The Director or Athletic Trainer will be responsible for contacting parents regarding ill or injured campers. Reporting will comply with the requirements of the DHMH.

Reporting illnesses/injuries:
The Director will be responsible for contacting the Athletic Trainer and the DHMH regarding ill or injured campers. Reporting will comply with the requirements of the DHMH. All information will be coordinated with the Health Supervisor.

INFECTION DISEASE PREVENTION

- Staff must wash their hands prior to eating and when in contact with ill persons or bodily fluids.
- Gloves are required when handling blood or around eyes and mouth.
- Campers that pose a risk for transmitting infectious disease are separated from other campers and sent home.
- Contaminated items are disinfected or disposed of in special trash container.

MEDICATION ADMINISTRATION

- The Athletic Trainer must supervise prescription medications taken by campers during the camp day and coordinate with the Health Supervisor.
- Parents must provide a written authorization form, signed by the parent and prescriber, in order to have medications administered during camp.
- Medications can only be accepted in its original packaging.
- The supervising staff member must make record on the authorization form for the corresponding medication each time it is administered.
- All medications are stored at room temperature in the Athletic Training cabinet, which is locked at all times when unattended.
- All medications are returned to the parent/guardian at the end of the camper’s session. Return of the medications must be recorded.
Health Supervisor

As the Health Supervisor for the University of Maryland Gymnastics Summer Camp, I have reviewed and approved the Health Program set forth by the camp directors.

Name - A. Ga. 1 Lee, MD
Title - Clinic Director
License # - 0042220
State(s) of licensure - MD
Work Phone - 301 314 8157
Cell Phone - 301 832 7501
Email - lee@health.umd.edu
Health Supervisor Signature: [Signature] Date: 8/14/14

As the Health Supervisor for the University of Maryland Gymnastics Summer Camp, I approve the following standing orders for OTC (over the counter) medication administration:

1) NONE

2)

3)

4)

5)

Health Supervisor Signature: [Signature] Date: 8/14/14
Purpose:
The purpose of the health program is to inform camp staff and volunteers what actions to follow to ensure each camper’s health and safety while at camp.

Training:
Staff and volunteers must receive training on this plan prior to working. Training must include an opportunity to discuss the procedures and ask questions.

Knowledge and Conduct:
Staff and volunteers must know and follow the camp’s health program procedures.

Availability:
A copy of this health plan must always be available to the camp staff. Copies can be found in the Director’s office and with the Athletic Trainer and Health Supervisor.
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The Director will coordinate a Plan of Action with the Athletic Trainer and coordinate with the Health Supervisor for any identified medical problems.

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The Director or Athletic Trainer will verbally communicate health related concerns directly to the staff that work with the involved camper and coordinate with the Health Supervisor.

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Health forms are maintained with the Athletic Trainer, which is locked at all times when unattended.

Obtaining information on disease, illness, or injury:
The staff is provided with important information regarding campers with specific health concerns. All unforeseen and immediate cases of illness or injury are deferred to the senior staff to seek appropriate care and to be coordinated with the Health Supervisor.

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Select members of the staff are CPR and First Aid certified and should respond as outlined in the staff’s safety plans.

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Supervision of injured or ill campers:
The senior staff will be responsible for supervising injured or ill campers until
picked up by parents or emergency responders.

Health treatment area:
The training tables located by the gym entrance will serve as the primary treatment
area for injuries.

**REPORTING MEDICAL EMERGENCIES**

Parent notification:
The Director or Athletic Trainer will be responsible for contacting parents regarding
ill or injured campers. Reporting will comply with the requirements of the DHMH.

Reporting illnesses/injuries:
The Director will be responsible for contacting the Athletic Trainer and the DHMH
regarding ill or injured campers. Reporting will comply with the requirements of the
DHMH. All information will be coordinated with the Health Supervisor.

**INFECTIOUS DISEASE PREVENTION**

- Staff must wash their hands prior to eating and when in contact with ill
  persons or bodily fluids.
- Gloves are required when handling blood or around eyes and mouth.
- Campers that pose a risk for transmitting infectious disease are separated
  from other campers and sent home.
- Contaminated items are disinfected or disposed of in special trash container.

**MEDICATION ADMINISTRATION**

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  campers during the camp day and coordinate with the Health Supervisor.
- Parents must provide a written authorization form, signed by the parent and
  prescriber, in order to have medications administered during camp.
- Medications can only be accepted in its original packaging.
- The supervising staff member must make record on the authorization form
  for the corresponding medication each time it is administered.
- All medications are stored at room temperature in the Athletic Training
  cabinet, which is locked at all times when unattended.
- All medications are returned to the parent/guardian at the end of the
  camper’s session. Return of the medications must be recorded.
As the Health Supervisor for the University of Maryland Gymnastics Summer Camp, I have reviewed and approved the Health Program set forth by the camp directors.

Name –  
Title –  
License # -  
State(s) of licensure –  
Work Phone –  
Cell Phone –  
Email –  

Health Supervisor Signature:    Date:  

As the Health Supervisor for the University of Maryland Gymnastics Summer Camp, I approve the following standing orders for OTC (over the counter) medication administration:

1)  
2)  
3)  
4)  
5)  

Health Supervisor Signature:    Date:
University of Maryland Gymnastics Summer Camp Health Program

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Emergencies and accidents:
Emergency situations are addressed in the staff’s safety plans.

First Aid and CPR:
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911 Calls:
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Supervision of injured or ill campers:
The senior staff will be responsible for supervising injured or ill campers until picked up by parents or emergency responders.

Health treatment area:
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**REPORTING MEDICAL EMERGENCIES**

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Reporting illnesses/injuries:
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**INFECTION DISEASE PREVENTION**

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- The supervising staff member must make record on the authorization form for the corresponding medication each time it is administered.
- All medications are stored at room temperature in the Athletic Training cabinet, which is locked at all times when unattended.
- All medications are returned to the parent/guardian at the end of the camper’s session. Return of the medications must be recorded.
Health Supervisor

As the Health Supervisor for the University of Maryland Gymnastics Summer Camp, I have reviewed and approved the Health Program set forth by the camp directors.

Name –

Title –

License # -

State(s) of licensure –

Work Phone –

Cell Phone –

Email –

Health Supervisor Signature: Date:

As the Health Supervisor for the University of Maryland Gymnastics Summer Camp, I approve the following standing orders for OTC (over the counter) medication administration:

1) 
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3) 
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Health Supervisor Signature: Date: