



2009 Summer Camp Application for Counselor In Training (CIT)
Rochester Young Scholars Academy at Geneseo (RYSAG)

This application is for students who have participated in RYSAG summer camp and are interested in learning to become a leader and possible future summer camp counselor. Applications must be filled out completely and mailed. Students will be selected beginning on May 2nd until program is filled. Space for the program is limited; complete applications should be sent no later than May 31st. When your application is complete, you will be called to make a pre-registration family interview. In addition, in order to be accepted, the student's Health Evaluation Form must be cleared at Pre-Registrations sessions. Please send forms to: Susan Norman, SUNY Geneseo, South Hall 207, Geneseo, NY 14454 or fax to 585-245-5220.

Part A: Student Information

Name: _____
Street Address: _____
Home Phone () _____ - _____
Date of Birth: ____/____/_____
e-mail address (If applicable) _____

Parent/Guardian contact information:

Name: _____
Address: _____
Phone () _____ - _____
Relationship to Student: _____

Name: _____
Address: _____
Phone () _____ - _____
Relationship to Student: _____

Emergency Contact information:

Name: _____
Address: _____
Phone () _____ - _____
Relationship to Student: _____

Name: _____
Address: _____
Phone () _____ - _____
Relationship to Student: _____



Part B: Summer Camp Recommendation Form

All students must have at least one adult that will recommend them to the Academy and summer camp. Please ask one of the following individuals to complete a recommendation for you to be in the Counselor In Training program: Teacher, Counselor, Clergy, etc.

Name of person that is recommending the student for the summer camp:

Name (Print): _____

Street Address: _____

Phone: _____

I _____ recommend _____ to participate in the Geneseo Young Scholars Academy.

State your reasons for recommending the Student cite their academic record and character:

Signature: _____ Date: _____

Relation to student: _____

Part C: Student Academic Report Card from last marking period

Please attach the most current copy of the student report card to this page. Your application will not be complete without the document.

The above student goes to school at:

Current Grade Level: _____

Current GPA: _____



Part D: Parent/Guardian Agreement with the Rochester Young Scholar Academy at Geneseo

The Rochester Young Scholars Academy at Geneseo will make every effort to provide for my child’s well being during the hours of the program and will make every effort to immediately contact the parent should any type of emergency arise.

- The RYSAG program for my child begins when the child has reached the program and checked in with a RYSAG staff person. My child is responsible for walking from the Bus or personal car to the RYSAG program (at appointed site).
- I will be available during the camp time of July 20-31, 2009 to pick up a sick child or for any other emergency that may arise. If I am not home, I will leave instruction for an appointed guardian to take my place. This guardian is also named as an emergency contact in this application.
- I hereby give permission to record the image and/or voice of my child for newsletters, special projects, brochures, web sites or newspaper releases.
- I hereby give permission for the RYSAG program to use school records (report cards) to help my child with learning strategies.
- It is my responsibility to arrange for my child to be picked up or take a bus at the close of the camp. Staff should not provide transportation for your child.
- If I change my address or phone, I will notify the RYSAG staff as soon as possible so that I will continue to stay in contact with the Academy.
- I have provided the staff with pertinent, complete and correct information which may assist the RYSAG Program in caring for my child, including, but not limited to allergies, previous or existing illness or conditions, sunburn sensitivity, diet requirements, long term medication, disabilities or limiting conditions, emotional development or behavioral difficulties.

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

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date: ____/____/____



Part E: Counselor In Training Essay

Please attach or hand write a short page, no longer than 500 words, on why you are interested in the counselor in training program and what you feel you have to give to the summer camp. In order to be eligible for the CIT program you must have at least one year RYSAG summer camp experience and be over 14 years of age.



Rochester Young Scholars Academy at Geneseo

Rochester Young Scholars Academy at Geneseo HEALTH EVALUATION FORM

Form MUST have both Physician's and Parent's Signature.

(Revised 4/09)

Camper's Name: _____ Birthday: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Address: _____

number and street

city/town

state

zip

If not available, in an emergency please notify:

Name: _____ Phone: _____

Address: _____

number and street

city/town

state

zip

1) **HEALTH HISTORY:** To be filled out by a parent *within 1 month prior to arrival at camp.* Please state allergies, health problems, and recent injuries.

2) **PARENT AUTHORIZATION:** This statement **MUST** be signed in order for camper to attend camp.

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and myself. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the Camp Health Director to hospitalize and secure proper treatment for my child as named above.

Parent Signature: _____ Date: _____

Insurance Carrier: _____

Plan number/Group number: _____ ID Number: _____

3) **IMMUNIZATION RECORDS:** attach *a copy of physician's immunization records* to this application – a complete immunization record is required by NYS law in order for each camper to attend camp.

4) **MEDICAL EXAMINATION:** to be completed by a licensed physician

Please give a statement of your evaluation of this camper's health and fitness to participate in the strenuous activities of camp.

This examination should be performed within 1 year of arrival at camp. If the health history indicates any problems, include any recommendations and restrictions.

Signature of Physician: _____ Date: _____

Address: _____ Phone: _____

5) MEDICATION INFORMATION: Any and all medications must be included on this side of the health form. RYSAG has a zero tolerance policy regarding medications - - all medications including prescriptions, over the counter meds, herbal remedies, and dietary supplements must be stored at the health center (not in the cabin with the camper!) and administered by the camp nurse. **If a camper is found to be self-administering ANY medication, it will be considered grounds for dismissal from camp!**

The following **over the counter medications** or generic equivalent is available from the camp nurse. Parent and Doctor must indicate which medications may be administered while the child is at camp. Only medications marked “YES” and determined to be necessary will be administered at the discretion of a registered nurse. The nurse will give the child medication “per label directions” unless otherwise specified.

Medication Name (or store brand/generic)	YES	NO	Comments (specific instructions for dosage)
Tylenol (for fever or pain)			
Advil (for fever or pain)			
Throat Lozenges (for throat irritation)			
Benedryl (for allergic reactions)			
Sudafed (for stuffy nose)			
Calamine Lotion (for insect bites)			
Cortizone Cream (for skin irritation)			
Immodium AD (for diarrhea)			
Pepto Bismol (for upset stomach)			
First Aid Cream (for minor cuts/scratches)			

Below you must list all medications that will be brought to camp with this camper. This list **MUST** include all prescriptions, over the counter medications, herbal remedies, and dietary supplements!

Name of Medication/Dosage

Reason for Taking

- *ALL MEDICATIONS THAT WILL BE BROUGHT TO CAMP Pre-Registration on June 14, Rundell Library. (including prescriptions, over the counters, herbals and dietary supplements) MUST BE LISTED ABOVE!*
- *IF MEDICATION MUST BE TAKEN ON A TIME SCHEDULE, PLEASE INCLUDE SPECIFIC INSTRUCTIONS WITH TIMES INCLUDED.*
- *ALL MEDICATIONS MUST BE LABELED WITH CAMPER’S NAME AND DIRECTIONS FOR USE.*
- *ALL MEDICATIONS MUST BE KEPT WITH THE NURSE AT THE HEALTH CENTER (no meds may be kept in suitcases)!*
- *PRESCRIPTION DRUGS MUST HAVE PHARMACIST’S LABEL WITH THE DOCTOR’S INSTRUCTIONS.*

MENINGITIS INFORMATION RESPONSE FORM

New York State Public Health Law requires that all residential summer campers, college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete the following form.

Please note that according to NYS Public Health Law, no institution shall permit any student to attend the institution in excess of 30 days without complying with this law. The 30 day period may be extended to 60 days if a student can show a good faith effort to comply.

Check one box and sign below.

I have:

- had the meningococcal meningitis immunization (Menomune™ or Menactra™) within the past 10 years.
Date received: _____

- read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal meningitis disease.

Signed _____

Date _____

Student's name _____

Student Date of Birth / / _____

Student Social Security Number: _____

August 2003. Source: New York State Department of Health

New York State requires that students indicate in writing whether they have received meningitis immunization within the past 10 years, or acknowledge that they understand the disease risks and don't wish to be immunized at this time. The Meningococcal Meningitis Vaccine Response is located on page 3 of the *Personal and Medical History* form.

Meningococcal Disease Fact Sheet

What is meningococcal disease?

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

Who gets meningococcal disease?

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

How is the meningococcus germ spread?

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

What are the symptoms?

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

What is the treatment for meningococcal disease?

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

Is there a vaccine to prevent meningococcal meningitis?

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

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

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

Who should get the meningococcal vaccine?

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

What is the duration of protection from the vaccine?

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

Is Menactra™ available at Lauderdale Center for Student Health and Counseling?

Menactra™ is available at Health Services by appointment. Call Health Services (595-245-5736) to inquire about availability and price. The vaccine must be preordered and must be prepaid at the time of the order.

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

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