



PO Box 177
Downingtown, PA 19335

Ph: 866-254-5710
Fax: 610-518-6668

Open Events
Warrior Guides
RISE
Launch

Dear Students,

Thank you for your interest as a Counselor at the Andrew L. Hicks, Jr. Foundation-Camp Lionheart this summer. The participation and cooperation of high school and college students, is critical in making this fun week a success. We have high hopes for an outstanding five days of service and fun with the children of Chester.

CAMP INFORMATION

- **Dates:** Sunday, August 1th at 10am, through Thursday, August 5th at 4pm.
- **Location:** NorthBay- 11 Horseshoe Point Lane, North East, MD 21901.
- **Mandatory Counselor & Chaperone Meeting held at the Hicks Residence**
 - *Meeting Date TO BE DETERMINED.*

Application Guidelines

- Applicants must be incoming high school juniors and older.
- We may not be able to take everyone who applies due to camp size limitations.
- The cost of camp per counselor (cabin and meals)= \$190.
- A Camp Lionheart shirt = \$10. **TOTAL COST= \$200 (camp and shirt)**
- A Staff shirt, if you do not have one already= \$10 more.
- If you would like to apply but can't provide the fee, please ask Brittini Hales privately about a scholarship opportunity.
- If vaccinated please include a picture or copy of your vaccination card

COMPLETED APPLICATION PACKET: DUE AT TIME OF SUBMITTANCE

***Mail to: Andrew L. Hicks, Jr. Foundation /ATTN: Karen Hicks / P.O. Box 177 / Downingtown, PA 19335**

- **If you are accepted to attend as a Counselor, the Fee is DUE at the time of acceptance.**
- The Health History Form DOES NOT need to be completed by a doctor. A parent or guardian can complete it. No immunization records are required, except for a date for the most recent tetanus shot, and no physical examinations are required.
- **If medications are necessary during camp, a physician MUST complete the Medical Authorization form for Counselors who will not be 18 years old by August 1st.** No Medical Authorization Form is needed for Counselors who will be 18 by August 1st. All medication will be kept in the nurse's office at camp, and will be self-administered by any Counselor 18 yrs. or older.
- **Every Counselor who is 18 years old by August 1st must complete a Criminal Background Check and turn in a Child Abuse Clearance.** If you turned one previously, no update is needed. Directions on how to complete these clearances are found on our website under the tab "Get Involved" and "Volunteer". Child Abuse Clearances take up to six weeks to process, so do not wait!

Call: Karen Hicks, 484-390-0689

Email: Karen@ALHjr.org

Thank you again for your interest and support!



Camp Lionheart 2021 Counselor Job Description

General Description: To identify and meet camper's needs while administering a quality camp program that reflects the core values and initiatives of the Foundation.

Qualifications:

- Desire and ability to work with children in a camp environment.
- Full and enthusiastic participation in all learning and adventure activities.
- Provide supervision and guidance to children in accordance with the training guidelines set forth by the Foundation and NorthBay.
- Ability to accept guidance from Adult Chaperones and Directors and relate and work with a diverse staff.
- Enthusiasm, honesty, sense of humor, patience and self-control.
- Incoming High School Juniors and older.

Responsibilities:

- **Always be an excellent role model for your campers!**
- Attend all pre-camp training & all activities scheduled while at camp.
- Set a good example for campers and others including cleanliness, punctuality, sharing in chores, sportsmanship and manners.
- Display and encourage respect for personal property, camp equipment, and facilities.
- Keep personal issues separate from the campers and manage personal time in accordance with camp and Foundation policies.
- Cell Phones use is limited in front of campers. It can send a message to campers that you are disinterested in them, camp activities, etc.
- Phones are only visible for taking photos and posting photos to social media. Use your best judgement.
- **WHEN POSTING ON FACEBOOK- TAG THE FOUNDATION. Parents love to see pics!**
- **Cell Phones are NOT PERMITTED AT THEATER, POOL, OR DINING HALL.**
- **Participate in adventure activities and afternoon programing: to model good sportsmanship, provide encouragement, and support staff in managing activities.**
- Carry out established roles for supervising campers and instructing and enforcing safety and emergency procedures and regulations as set forth in the counselor training.
- Supervise all aspects of the campers' day including, but not limited to: morning wake-up, cabin clean-up, or unit duties, meal times, rest hour, evening activities, getting ready for bed, and after-hour duties as assigned.
- Act in accordance with your school district laws. The possession and use of tobacco, alcohol and/or drugs is strictly forbidden.
- Have fun and enjoy the experience!

2021 Camp Lionheart **Counselor Important Dates**

Counselor Applications Due: Mail to: Andrew L. Hicks, Jr. Foundation
ATTN: Karen Hicks
P.O. Box 177
Downingtown, PA 19335
Karen@ALHjr.org

Mandatory Counselor/Chaperone Mtg: TBD
Hicks' home
914 Kenmara Drive
West Chester, PA 19380

Camp Lionheart: Report to camp- Sunday, August 1th - 10am
Depart from camp- Thursday, August 5th - 4pm
NorthBay
11 Horseshoe Pont Lane
North East, MD 21901
443-967-0500
www.northbayadventure.org

For questions during Camp lionheart please call: Brittini Hales 202-802-0559

*****PLEASE RETAIN FOR YOUR RECORDS*****



Full Name: _____ DOB: ____/____/____ Gender: _____
School: _____ Grade going into: _____ T-shirt size: _____
Home Address: _____
City, State, Zip: _____ Home Phone #: _____
Cell Phone #: _____ Email: _____

Guardian #1 Name: _____ Relationship: _____
Cell#: _____ Email: _____ Resides with Guardian #1: Yes No

Guardian #2 Name: _____ Relationship: _____
Cell#: _____ Email: _____ Resides with Guardian #2: Yes No

Work & Camp Experience

Employer: _____ From: _____ To: _____
Nature of Work: _____

Camp Experience: _____ Dates: _____
Camper: Staff: Staff Position: _____

References

People who have knowledge of your character, experience & ability. No relatives please.

Full Name: _____ Relationship: _____
Full Address: _____ Cell#: _____

Full Name: _____ Relationship: _____
Full Address: _____ Cell#: _____

General Interests

In the following section, please share with us what you enjoy doing in your free time. Please list your favorite hobbies or interests, and discuss your specific gifts or talents. Give us some insight into your personality and your uniqueness.

Miscellaneous Information

Do you have any impairment - physical, emotional or mental - which would interfere with your ability to perform the job as a Counselor? If yes, please explain: _____

Have you ever been convicted of a criminal charge? If yes, please explain: _____

Please list any extracurricular activities or community service you have participated in: _____

Please list any leadership positions you have held or currently hold: _____

Are you planning on using this camp as your graduation project? _____

Please tell us about your expectations. What do you expect will be your responsibilities at camp? What do you expect that the Chester children will get out of camp? What do you expect to take away from camp?

The five core values that we are trying to instill in the campers during their stay at Camp Lionheart are: Respect, Hope, Community, Self-efficacy and Temperance. Camp Counselors are the most important people to be teaching these values. How can you be an integral part of instilling these values at Camp Lionheart?

Please include a one-page Personal Statement that will help the Foundation understand why you would like to be a Counselor at Camp Lionheart. It is important to describe your motivation for wanting to participate in this week of camp. Be sure to include what you believe will be your biggest challenge to completing a successful week at camp, and how you hope to overcome this challenge.

Disclaimer and Signature

I assert that all information provided in this application is true and accurate:

Signature: _____ Date: _____

Mail or email completed applications to:

Karen Hicks
P.O. Box 177
Downingtown, PA 19335
Karen@ALHjr.org
484-390-0689

Andrew L. Hicks, Jr. Foundation Camp Lionheart Waiver Form

I am the parent or legal guardian of _____
(the "Camper") who wants to attend Camp Lionheart and participate in activities sponsored by the Andrew L. Hicks, Jr. Foundation. I agree to sign this Consent and Liability Release Form so my child can attend camp. I promise the information given on the Camper Registration Form, Health Information Form, and Medication Authorization Form is complete and accurate as far as I, the undersigned parent or guardian, know.

LIABILITY RELEASE: I understand that participating in some of the activities sponsored by the Andrew L. Hicks, Jr. Foundation at Camp Lionheart, including canoeing, kayaking, boating, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I give my permission for the Camper to participate in all of the activities while at NorthBay and agree on behalf of the Camper that the Camper and I assume all risks. I understand that certain camp activities may include traveling in NorthBay owned and operated passenger vehicles. I also agree both for myself and on behalf of the Camper to release the Andrew L. Hicks, Jr. Foundation its employees, agents, and related entities from and against any and all claims, injuries, and liabilities of any kind that happen while the Camper attends camp, doing any activity connected in any way to the NorthBay program, or caused by an inappropriate behavior on the part of the Camper.

In consideration of my child's participation in and the use of the Foundation's facilities, I hereby release and covenant not to sue the Andrew L. Hicks, Jr. Foundation, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by the Andrew L. Hicks, Jr. Foundation.

I have read and fully understand the above release/waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.

Parent/Guardian Name (print): _____ Date: _____

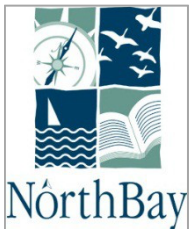
Parent/Guardian Signature: _____

I hereby grant permission to the Andrew L. Hicks, Jr. Foundation to photograph my image and/or that of my minor child and to edit, crop, or retouch such photographs. I consent to permit those photographs to be used by the Andrew L. Hicks, Jr. Foundation for any purpose, including education and advertisement purposes, and in any medium including print and electronic.

Parent Signature: _____ Date: _____

I give the Andrew L. Hicks Jr. Foundation Board Members or Staff members permission to initiate any medical attention necessary throughout the day. I/we understand that an Andrew L. Hicks, Jr. Foundation Board Member or Staff member will make every effort to make contact in the event medical attention is necessary.

Parent/Guardian Signature _____ Date: _____



HEALTH INFORMATION FORM

To be completed by Parent or Guardian

NorthBay wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information including medical history, insurance information, permission to give selected over the counter medications, and custodial parent signatures.

SCHOOL NAME: Andrew L. Hicks, Jr. Foundation Camp Lionheart **DATES AT CAMP:** Aug 1 - 5, 2021

Please print all information and ensure that it can be read by others

CAMPER INFORMATION				
Last Name:	First Name:	M.I.	Date of Birth:	Grade:
Medical Insurance Information: (to be used if students seeks medical care outside NorthBay Adventure Camp)				<input type="checkbox"/> Not Insured
Company:		Policy Number:		
HEALTH HISTORY				
Camper's Primary Care Physician:		Office Telephone Number:		
		Office Fax Number:		
Health History (check if applicable & explain)		Allergies (check if applicable & explain)		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes (a NorthBay diabetic order form must be completed) <input type="checkbox"/> Heart Condition _____ <input type="checkbox"/> Bleeding/Clotting disorder _____ <input type="checkbox"/> Seizures Type: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Psychological issues _____ <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger Management <input type="checkbox"/> Mood disorder <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Recent illness/injury/infectious disease _____ <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Recent Hospitalizations or Major Surgery <input type="checkbox"/> Other not listed _____ <input type="checkbox"/> Date of Last Tetanus Shot: _____ <input type="checkbox"/> Takes medication every day (A medication form/s needs to be completed for all medications to be taken while at camp)		<input type="checkbox"/> <u>Allergy</u> to Medications _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Severe Poison Ivy reaction <input type="checkbox"/> Other: Please lists _____ <div style="text-align: center; background-color: #d9ead3; padding: 2px;">Diet / Nutrition</div> <input type="checkbox"/> Eats a regular diet <input type="checkbox"/> Eats a vegetarian diet <input type="checkbox"/> Has special food needs (describe below) _____ _____		
Does the camper need his/her physical activity restricted <input type="checkbox"/> No <input type="checkbox"/> Yes – explain _____				
Please provide any additional information that we need to know to ensure your child's camp experience is a positive one: _____ _____				



NorthBay

PARENT / GUARDIAN CONSENT AND LIABILITY RELEASE FORM

At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children's safety and well-being is everyone's concern. As a policy of NorthBay we require that a Release of Liability Form be signed as a requirement to attend camp.

I am the parent or legal guardian of _____ (the "Camper") from (school name) _____ who wants to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). I agree to sign this *Consent and Liability Release Form* so my child can attend camp. I promise the information given on this Health Form is complete and accurate as far as I, the undersigned parent or guardian, know. It is true that the Camper has had all immunizations required by the Maryland DHMH Recommended Childhood Immunization Schedule and that the school has these records.

LIABILITY RELEASE - I understand that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I give my permission for the Camper to participate in all of the activities while at NorthBay and agree on behalf of the Camper that I and the Camper assume all risks. I understand that certain camp activities may include traveling in NorthBay owned and operated passenger vehicles. I also agree both for myself and on behalf of the Camper to release NorthBay, its employees, agents, and related entities from and against any and all claims, injuries, and liabilities of any kind that happen while the Camper attends camp, doing any activity connected in any way to the NorthBay program, or caused by any inappropriate behavior on the part of the camper. However, NorthBay will be responsible for claims caused by the gross negligence or intentional misconduct of NorthBay. At NorthBay, we are always trying to improve our programs to provide the best possible experience for our visiting students. As part of this effort, an external evaluation team periodically conducts research on campus. This research involves observing our programs and conducting simple surveys with visiting students. All data are kept strictly confidential. Students are not held responsible for any of their survey responses. The research occasionally results in publications that report on the accomplishments of our programs and what we are learning, so that other programs like ours can learn from our work. By signing this permission form, you are consenting to allowing your son/daughter to participate in this research. Students maintain the right on campus to refuse to take any survey with no fear of any consequences or penalties.

HEALTH CONSENT - I have legal authority to consent to medical treatment for the Camper and grant permission for the Camper to engage in all camp activities except as noted. If I cannot be reached while my child is at camp, I give permission to the medical personnel selected by NorthBay to provide routine health care or emergency treatment and to release any records necessary for treatment, billing, referral or insurance purposes. I understand that NorthBay personnel will notify me immediately of any illness or injury that requires significant medical attention or hospitalization or that significantly diminishes the Camper's ability to have a successful camp experience. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to treat him/her for any injury/illness. I understand medical information about my child is confidential and protected under state and federal law. I give permission for the Camp medical personnel to discuss my child's medical information with his/her health care provider if my child is ill, injured, have any medical or psychological concerns, or take medications. I give permission for the camp medical personnel to share information about my child with his Camp teachers, counselors, and dining when necessary to protect his/her health and safety. I give permission to the Camp to administer any prescription or non-prescription medications that the student brings to camp with them in accordance with Maryland law. I understand that I am responsible for any medical expense occurred while at camp for emergency transport, hospital treatment or medications needed while at camp. I understand that the Camp is not responsible to submit any insurance or prescription claims to my insurance provider.

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS - In the event your child experiences minor discomforts during camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen (generic for Tylenol) | <input type="checkbox"/> Antibiotic Cream (for minor cuts/scrapes) |
| <input type="checkbox"/> Ibuprofen (generic for Advil and Motrin) | <input type="checkbox"/> Loratadine (generic for Claritin) |
| <input type="checkbox"/> Calamine Lotion (for itching) | <input type="checkbox"/> Diphenhydramine (generic for Benadryl) |
| <input type="checkbox"/> Hydrocortisone Cream (for itching) | |
- I do not want over-the-counter medications given to my child

PUBLICITY RELEASE - I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without payment or approval rights. For use in materials created for promoting NorthBay.

The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree on behalf of the Camper and myself that any lawsuit brought against NorthBay shall be brought solely in the Circuit Court for Cecil County, Maryland and, in connection with any such lawsuit, I agree on behalf of myself and the Camper that the trial will be conducted and determined by the Judge assigned to such trial, and voluntarily waive any right the Camper or I may have to a jury trial.

Signature of parent/guardian: _____ Date: _____



Printed name of parent/guardian: _____

NORTHBAY
MEDICATION AUTHORIZATION FORM

This form **MUST BE COMPLETED FULLY** in order for NorthBay to administer the required medication/s List all medications to be taken while at camp on the form below with all the required information about each one. A new Medication Authorization Form must be completed each time there is a change in dosage or time of administration of a medication. If the student is bringing more than 4 medications use another copy of this form for the remaining medications.

- **Prescription medication** MUST be in a container labeled by the pharmacy or physician with the student's name, dosage and expiration date. At least one dose of prescription medication must be given at home prior to the student's arrival at camp.
 - Per Maryland regulation, sample medications cannot be administered to the camper.
- **Non-prescription medication** - Per Maryland regulation, all non-prescription medications that are not listed on the NorthBay Consent/Liability Release Form must be listed below followed by a physician's signature. This includes vitamins, homeopathic and herbal medications and cough/cold medications. All non-prescription medication MUST be in the original manufacturer's container labeled with the dosage instructions and the expiration date.

School/Group Name: _____ Dates at camp: _____

Student Name: _____ Date of Birth: _____

Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				

PRESCRIBER AUTHORIZATION



PRESCRIBER SIGNATURE: _____ **Date:** _____

Prescribers Printed Name/Title: _____ **Telephone:** _____ **Fax:** _____

PARENT/GUARDIAN AUTHORIZATION

I request that designated camp personnel administer the medication above as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication while at camp. I authorize the camp medical staff to communicate with the health care provider as allowed by state and federal law.



PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Signature of Camp RN: _____ **Date:** _____

Medication Guidelines

MEDICATIONS ARE NOT ALLOWED TO BE KEPT IN THE CABINS; THEY MUST BE SECURED IN THE WELLNESS CENTER AT ALL TIMES WHILE AT CAMP

In order for NorthBay medical staff to administer medications you must provide ALL of the items below:

1. Medication Authorization Form listing all of the medications brought to camp
 2. Parent/guardian signature at the bottom of the Medication Authorization Form
 3. Physician signature at the bottom of the Medication Authorization Form
 4. A pharmacy label showing the name of the student, medication, strength and dosage instructions on EVERY prescription medication including inhalers, nasal sprays, cream, disc's, etc.
 5. Over the counter medications must be in their original containers – medication in baggies or pill-a-day containers will not be accepted.
- While the student is at NorthBay, all of their prescription and over the counter/non-prescription medication will be secured in the Wellness Center and can be administered by the Wellness Center staff. Before any medication can be administered a NorthBay Medication Authorization Form must be completed and signed by the prescribing physician and by the student's parent/guardian for EACH MEDICATION that is to be given. If the student already has a medication form on file with the school a copy of that form may be sent in lieu of the NorthBay Medication Form as long as it is signed by both the prescribing physician and the parent/guardian. If you are submitting a copy of the school medication form please insure that all the administration times for an entire 24 hours are listed on that form. These forms are due to NorthBay at least 2 weeks prior to the student's arrival.
 - All medications that are to be given while at camp MUST be in their original container (box, pill bottle, etc.) They cannot be in a pill organizer, baggie or envelope. Prescription medications (including rescue inhalers) MUST have the pharmacy label attached to the container and it MUST match the signed NorthBay medication form in order for the student to receive the medication. Medications cannot be expired or more than 1 year past the original prescription date. Sample medications from a doctor's office cannot be administered while at camp.
 - In the effort to ensure the safety of all students, medications cannot be packed in the student's luggage. All medications (including any self-carry medications) must be given to a designated school staff member prior to leaving the school then delivered to the NorthBay Wellness Center immediately upon arriving at camp. The medications will be secured in the Wellness Center for the duration of the camp and returned to school personnel at the end of the week. The medications will be returned to the parent/guardian after returning back to the school at the end of camp. The student cannot keep any medication (other than self-carry medications) in his/her cabin or give medication to his or herself. All medications that the student wishes to self-carry will be redistributed to the students after they arrive at camp and after approval is obtained by the NorthBay RN.
 - **Self-Carry Medications:** The following are the only medications that can be carried by the student while at camp with permission of the NorthBay RN: rescue inhalers (Albuterol, ProAir, Ventolin, Zopenex), Epi-Pens and insulin used while in insulin pumps. These medications must be in the control of the student, educator or counselor/chaperone at all times while at camp and be self-administered with an adult's supervision. If you would like the student to self-carry any of the above medications please send two of each medication so one can be kept in the Wellness Center for quick access during any emergency.
 - **Over-the-counter medications:** The following over-the-counter (OTC) medications can be given as needed by the Wellness Center staff while the student is at camp: Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Calamine Lotion, Diphenhydramine (Benadryl), Triple Antibiotic Ointment (for minor cuts/scrapes), & Loratadine (Claritin). Before the student can receive any of these medications the parent/guardian must check the boxes beside the medications that the student is allowed to receive then sign the Parent/Guardian Consent that is on the back of the North Bay Health Form. These are the only OTC medications that the student can receive with just the parent/guardian's consent. If your student requires any medication on a regular basis that is not listed above (i.e. cold medication, cough medication) you must complete a NorthBay Medication Form (signed by a physician) and supply the medication/s while the student is at camp.
 - **Please call the staff at the Wellness Center if you have any questions – (443) 674-9035**

Name: _____ Going into Grade: _____

COUNSELOR CHECK LIST

Please attach this cover sheet to your application.

- Read the Counselor Welcome Letter thoroughly.
- Read the Counselor Job Description thoroughly.
- Completed and Returned all Counselor Registration forms (
 - Counselor Application Form, including Essay.
 - Andrew L. Hicks, Jr. Foundation Waiver
 - Health Information Form (must include)
 - Copy of Insurance Card (front and back)
 - Parent/Guardian Consent & Liability Release Form
 - Medication Authorization Form ONLY if I am planning to bring prescription medication to camp and I will not be 18 years old by 8/4/21. *Prescription must be in original container.
- Completed a Child Abuse Clearance if I am going to be 18 years old by 8/4/21.
- Completed a Criminal Background Check if I am going to be 18 years old by 8/4/21.
- Paid the \$190 fee; \$200 if I need an Andrew L. Hicks, Jr. Foundation STAFF T-shirt. Cash or check made payable to Andrew L. Hicks, Jr. Foundation.

PACKING LIST

COUNSELORS & CHAPERONES

- Bathing Suit (one piece or tankini for women)
- Sun screen
- Bug spray
- Hat/Sunglasses
- Shorts, T-shirts, one sweatshirt, one pair of sweatpants and underclothes. (*Be prepared for hot weather and possibly cool evenings. Dress is casual and should be appropriate for working with children*)
- Sneakers or comfortable shoes for walking (*two pairs; one must be a closed toe shoe*)
- Flip flops for shower
- One backpack
- 2 Towels (*one for bathing and one for swimming*)
- Bedding (pillow, sheets, and light blanket provided. Can bring additional blanket- labeled and in a labeled bag).
- Toiletries in a portable container
- Stories to read to campers
- Rain Gear
- Flash light, important!
- Watch, important!
- Alarm Clock
- Masks

- Optional:
- Musical Instruments
- Camera, although we will have a photographer!
- If you bring an mp3 player or cell phone for time off, please keep in mind that each cabin has a safe for storage, but we are not responsible for damage or loss. *Valuables are not recommended at camp.*