



2019 Summer Camp Enrollment Packet

available online: www.abccareinc.com

Featuring:

Lake Keowee Camp
671 High Falls Road Seneca, SC 29672

ABC Care, Inc.
2815 Patapsco Road
Finksburg, MD 21048
Phone (410) 751-3700
Fax (410) 751-3702
Web: www.abccareinc.com
Email: abccare@abccareinc.com

©2019 by ABC Care, Inc.
All Rights Reserved

PARENT MANUAL POLICY ACKNOWLEDGMENT FORM

I have read the ABC Care, Inc. Summer Camp Parent Manual and agree to abide by the requirements and policies as set forth by ABC Care, Inc. and give permission for my child/ren to participate in all activities. A mediator will settle all disputes.

Please list your child/ren's names below:

_____	_____
_____	_____

_____	_____
Parent Signature	Date

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1.	Name _____ Last First	Telephone (H) _____ (W) _____
	Address _____ Street/Apt.# City State Zip Code	
2.	Name _____ Last First	Telephone (H) _____ (W) _____
	Address _____ Street/Apt.# City State Zip Code	
3.	Name _____ Last First	Telephone (H) _____ (W) _____
	Address _____ Street/Apt.# City State Zip Code	

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt.# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt.# City State Zip Code

Mother's Name _____ Home Telephone _____
Last First

Mother's Employer/School _____
Name Address

Mother's Home Address (If different from above) _____
Street/Apt.# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Father's Name _____ Home Telephone _____
Last First

Father's Employer/School _____
Name Address

Father's Home Address (If different from above) _____
Street/Apt.# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Name of Person Authorized to Pick Up Child (daily) _____
Last First Relationship to Child

Address _____
Street/Apt.# City State Zip Code

ANNUAL UPDATES

(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

OCC 1214 (Revised 7/05) - Side 1 of 2 - All previous editions are obsolete.

INSTRUCTIONS TO PARENT:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____) _____
Telephone Number

**ABC CARE INC.'S NOTICE OF RISK, RELEASE, ASSUMPTION OF RISK
AND INDEMNITY AGREEMENT**

I acknowledge that, directly or indirectly, I have requested that I or my ward be allowed to participate in whitewater rafting, kayaking, canoeing, tubing, biking, boating paddle boats (1st-3rd grades), paddleboards (4th-8th grades) or other activities (including but not limited to transport to and from the river) provided ABC Care, Inc. (which includes any commonly owned, related, parent or subsidiary corporations and entities, their owners, officers, directors, agents and employees).

I and my ward understand that these activities and services pose substantial risks of serious permanent injury or death and damage or loss of personal property as the result of exposure; drowning; foot entrapments; travel on or being in whitewater rivers and streams; travel on roads or rough terrain by foot, conveyances, bus, car or other means while participating in activities or using services; the negligence or bad judgment of me, ABC Care, Inc., or other participants; the failure or misuse of equipment; the risks that injuries may occur in remote areas without adequate medical or other services; weather conditions; river conditions; and other known and foreseeable risks of these activities and services. I represent that I or my ward are in good physical condition and health and am able to participate in these activities.

ABC Care, Inc. may also have been requested to arrange for participation in activities or use of services provided by others and I acknowledge that ABC Care, Inc. has made no representations whatsoever as to the safety or quality of those activities or services.

In consideration of and as partial payment for being allowed to participate in activities and use services provided by ABC Care, Inc. I and/or my ward ASSUME, to the greatest extent permitted by law, all of the risks, whether or not specifically identified herein, of all the activities in which I and/or my ward participate and services I and/or my ward use; I and/or my ward RELEASE ABC Care, Inc. from any and all liability arising from negligence or contract; and I WILL IDENMNIFY AND HOLD HARMLESS ABC Care, Inc. from any and all costs, claims, and liability based upon negligence or contract, directly or indirectly, from my participation in activities or use of services, including legal costs and expenses, and for the costs of any medical or other expenses incurred for my benefit.

I and my ward agree that the exclusive venue of any suit against ABC Care, Inc. for any reason shall be the Circuit Court of Oconee County, South Carolina; consent to the jurisdiction of that Court as to any action against me to enforce this agreement; agree that this agreement is to be interpreted under the laws of the State of South Carolina which gives it the broadest interpretation and application and agree that if any part of this agreement is found to be invalid that all other portions shall be fully enforced. I further agree that this document will be admissible in any civil action which I, my estate, agent or designee, may file against ABC Care, Inc. for any reason.

I certify that I am eighteen (18) years of age or older.

I AND MY WARD HAVE CAREFULLY READ THIS DOCUMENT, UNDERSTAND ITS CONTENTS AND SIGN IT AS MY OWN FREE ACT. I AND MY WARD CAN READ AND UNDERSTAND THE ENGLISH LANGUAGE. I AND MY WARD HAVE COMPLETELY READ THIS ENTIRE DOCUMENT BEFORE SIGNING.

Name of Adult (Please Print) Signature Date

Name of Minor/Ward (Please Print) Signature of Minor Date of Birth of Participant

Address of Participant City State Zip

Telephone E-mail of Participant

How did you hear about ABC Care? _____

TRANSPORTATION AUTHORIZATION

I, _____, give ABC Care, Inc. permission to transport my child/ren _____ by certified school bus service and/or ABC Care, Inc. van to and from all field trips, and between all ABC Care, Inc. summer camps.

Your signature on this blanket permission slip allows your child/ren to attend scheduled field trips and/or ABC Care, Inc. summer camp locations for the weeks registered.

In case of emergency such as a natural disaster or national emergency, your signature on this blanket permission slip allows your child/ren to be transported by a certified bus company or ABC Care, Inc. staffer vehicle to the nearest disaster relief shelter. ABC Care, Inc. will notify parents/guardians of children's emergency location via telephone call. The emergency telephone number (s) we use to contact parents/guardians are listed on the child's emergency form.

I understand that all necessary precautions will be taken by ABC Care, Inc. for the safety of my child/ren

Parent Signature

Date

Reminder: Children are required to wear their camp T-shirt on field trip days. Also, ensure your child/ren have a disposable lunch in a plastic bag with two box drinks and wear appropriate clothing as well as appropriate shoes. Thank you.

BEHAVIORAL MANAGEMENT PLAN:
PROCEDURES REGARDING INAPPROPRIATE BEHAVIOR

A child who is involved in any type of behavior that is determined by the Camp Director and Manager of ABC Care, Inc. to be conduct unacceptable for a child attending an ABC Care Summer Camp Program can be suspended or expelled. The Senior Manager or Executive Director has the authority to determine the length of the suspension or expulsion, which can range from one (1) to five (5) days.

ABC Care Inc. reserves the right to employ the following procedures in dealing with instances of inappropriate behavior:

1. The Camp Director of the camp may confiscate inappropriate and/or objectionable materials and/or objects that may be used for inappropriate behavior.
2. The Camp Director of the camp, with the Senior Manager's guidance, reserves the right to determine the degree of punishment (i.e. Incident Reports, suspension, expulsion)
3. The Executive Director or Senior Manager has the right to request full payment for total replacement and/or monetary reimbursement for repairs and/or replacement of broken/destroyed objects resulting from a deliberate or accidental breakage. This includes and is not limited to center equipment, school items, and children/staff personal belongings.
4. Field trips are a privilege. The Camp Director of the camp reserves the right to withhold a child from attending a field trip.
5. The Camp Director of the camp reserves the right to request that a child's parent accompany him/her while attending a field trip.
6. The Executive Director or Senior Manager reserves the right to require counseling and/or psychological testing.

OFFENSES

The following list provides examples of ***SOME*** of the offenses for which a child may receive an Incident Report, suspension, or expulsion, depending on the circumstances and severity surrounding the offense.

INCIDENT REPORTS

- | | |
|--|--|
| ♦ Leaving the designated area that ABC Care is utilizing at that time | ♦ Using vulgar language, verbally or in written form |
| ♦ Throwing rocks or sticks | ♦ Showing disrespect to another person (child or staff member) |
| ♦ Failure to refrain from hurting another (pinching, pushing, punching, biting, kicking, etc...) | ♦ Improper use of equipment, materials, or furniture |

SUSPENSIONS WHICH MAY RESULT IN EXPULSION

- | | |
|---|---|
| ♦ Failure of parent(s) to attend a parent conference or adhere to its recommendations | ♦ Destruction and vandalism of school or personal property |
| ♦ Theft/Robbery | ♦ Fire alarm misuse |
| ♦ Use or possession of tobacco or firearms | ♦ Harassment |
| ♦ Arson/lighting matches | ♦ Insubordination (disobeying a directive from a Camp Director or camp counselor) |
| ♦ Assault and battery of a staff member | ♦ Gambling for money |
| ♦ Violent behavior which creates a substantial danger to persons or property | ♦ Lack of required immunizations or health inventories |
| ♦ Possession of a real or look-a-like weapon | ♦ Sexual activity or indecent exposure |

I have read and understand the behavioral management plan of ABC Care, Inc. and the procedures regarding inappropriate behavior and will agree to their implementation.

Parent's Signature / Date

Child's Signature / Date

PERMISSION TO TREAT FORM

I, _____, give ABC Care, Inc. permission to provide routine health care (first aid/CPR), procedures according to the Health Procedures List attached.

I understand that all necessary precautions will be taken by ABC Care, Inc. for the safety of my child/ren and that I will be contacted in the case of an emergency.

Please list your child/ren's names below:

Parent Signature

Date

I, _____, hereby give permission for ABC Care, Inc. Camp to administer the following over-the-counter medications if the site director deems it necessary. Dosages will be administered according to directions on the bottle.

Upset stomach-	Pepto Bismol
Diarrhea-	Imodium AD
Poison Ivy-	Calamine lotion or Cortaid
Chapped Lips -	Vaseline

Please list your child/ren's names below:

Parent Signature

Date