# Camp Krazy Legs Volunteer

Children's Healthcare of Atlanta

## Follow Up Documents

Dear Volunteers:

Thank you for completing the Camp Krazy Legs online application. In order for your application to be processed, you must return all follow-up documents included in this packet no later than **May 3rd**. These documents are a universal requirement for all volunteers and staff that participate in Children's Healthcare of Atlanta camps and must be completed annually.

In this packet, you will find:

- Medical staff information and licensing document—For medical staff volunteers only
- Exhibit 2 Camp Twin Lakes Release form
- General consent form and waiver—Photography and video consent form
- Camp volunteer pledge
- HIPPA
- Staff code of ethics
- Medical recommendation form—**Completed and signed by a physician or university medical practitioner**
- Immunization history form — **Complete and attach a copy of immunization record**
- A copy of current health insurance card—To be used in event of an emergency at camp

Please return these documents as soon as possible. When we receive this packet, we will schedule an interview and perform a background check, thus completing your application.

Staff dates for camp are **July 6-12, 2013.** There will be a **mandatory** volunteer training session on **June 29, 2013** at Children's Healthcare of Atlanta at Scottish Rite. More details will be announced at a later time.

The children and families of Camp Krazy Legs are very special to us and we want to ensure their health and safety, as well as yours. Fill out all the questions thoroughly; it is imperative that we know as much information about you as possible so we can safely serve you and our campers.

Forms should be mailed (or scanned and e-mailed) to:
1001 Johnson Ferry Road
Family Services Attention: Claire Aikens
Atlanta, GA 30342
Phone: 404.785.4425 Fax: 404.785.2214
Claire.aikens@choa.org

Sincerely,
Claire Aikens, CCLS
Director, Camp Krazy Legs

## MEDICAL STAFF INFORMATION AND LICENSING

Fill out this form ONLY if you are a medical staff volunteer.

Area of specialty: _____

Years of experience: _____

Title: _____

License #: _____
*Must attach a copy of front and back of license.

Please list any certifications with expiration dates:

_____

_____

Photocopy both sides of ALL certifications and attach to application.
(Including Nursing License for State of Georgia, CPR Certifications, etc.)

Signature:_____ Date: _____
By signing above, I certify that my medical license has not been revoked at any point in my certification. If it has, I will provide disclosure to the camp director for further review.



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**EXHIBIT 2**
**CAMP TWIN LAKES**
**CAMP RELEASE FORM**

*THIS AGREEMENT MUST BE READ AND SIGNED FOR YOU/YOUR CHILD TO BE ELIGIBLE TO ATTEND_ CAMP KRAZY LEGS* ***AT CAMP TWIN LAKES.***

*YOUR/YOUR CHILD'S NAME:* _____

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Camp Krazy Legs and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with Camp Krazy Legs program and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, and boating. I acknowledge that although Camp Krazy Legs and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Camp Krazy Legs and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Krazy Legs at Camp Twin Lakes. Further, I have received approval from a doctor authorizing me/my child to participate in the Camp Krazy Legs activities at Camp Twin Lakes. I also agree to inform Camp Krazy Legs of any activities in which I/my child may not participate. In case of medical and/or surgical emergency, I authorize Camp Krazy Legs and Children's medical staff to render to myself/my child/my additional family members or to arrange for myself/my child/my additional family members to receive any X-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed to practice in the State of Georgia.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp Krazy Legs and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Camp Krazy Legs at Camp Twin Lakes.



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III. MEDIA RELEASE

I give Camp Krazy Legs and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Camp Krazy Legs and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Camp Krazy Legs or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp Krazy Legs and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Camp Krazy Legs and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

X_____ _____

Parent/Guardian/Self Signature Date

GENERAL

# CONSENT FORM AND WAIVER

AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR
PUBLIC USE OF IMAGE (PHOTOGRAPH OR VIDEOTAPE)
FOR MEDIA AND PUBLIC RELATIONS PURPOSES

I hereby give consent to Children's Healthcare of Atlanta Inc. (hereinafter "Children's") to take and use images (photographs or videotape) or sounds recordings of me and to disclose information about me to or in any public media, including radio, television, internet or print, or in a Children's publication. I understand that the intended use of such images and information is for advertising, marketing, fundraising or promotional purposes of Children's. I hereby waive the right to or interest in the images or the confidentiality of the information disclosed to the public, as contemplated in this release.

I acknowledge that this consent to use images and authorization for release of information is being made solely for the benefit of Children's and without any expectation of compensation or other benefit to me. To the extent that any benefit accrues or might accrue to Children's from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge Children's (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

I have been informed that this authorization is voluntary and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon, by notifying Children's in writing at: Marketing and Public Relations Department, 1699 Tullie Circle NE, Atlanta, Georgia 30329.

_____
Name (please print)

_____ _____
Signature Date

# CAMP VOLUNTEER PLEDGE

**Internet Safety and Privacy Policy**

Camp exists to offer a safe, positive camping experience for children. Just as our campers' parents trust us to keep their kids safe during camp, they also expect us to protect their privacy and keep them safe even after camp ends. **Therefore, camp counselors should never post camper photos or identify campers by name on the Internet.**

This includes blogs, personal web pages, photo sharing sites such as SnapFish and Flickr, and social networking sites such as MySpace, Facebook, and Google+. We know that our dedicated camp counselors would never do anything intentionally to hurt a camper. Sadly, some people who use the Internet have ill intentions and might try to contact our campers through these types of sites.

Camp photos will be posted on our secure website exclusively for counselors, parents and campers to view and share. If you would like to post your camp photos on this site, please send them to your camp director. They'd love to see them!

**CONFIDENTIALITY**

By volunteering for camp, you have obligated yourself to carefully refrain from discussing any patient's condition or personal affairs. Do not pass on information to other campers and visitors unless you have been given permission to do so by the camp director. In addition, all information seen or heard regarding campers & their families, directly or indirectly, is completely confidential and is not to be discussed, even with your family.

Your job as a volunteer requires that you govern yourself by the highest of ethical standards. This includes not asking for clinical information about a camper, nor seeking free clinical advice for yourself or your family from doctors/staff. Failure to recognize the importance of confidentiality is not only a breach of ethics, but could potentially involve legal proceedings. Please see the following page for more information about the protected health information of our campers.

It is my intention to volunteer and meet or exceed all standards and expectations outlined for me.

Signature _____

Date_____

Print Name _____

# HIPAA Policy

*What is HIPAA?*
HIPAA stands for Health Insurance Portability Act. HIPAA is a federal law that sets a national standard to protect medical records and other personal health information.

*When did HIPAA become a law?*
Congress passed this legislature in 1996. Some parts of the law are currently in effect, however, medical facilities must be in compliance with HIPAA patient information regulations by April, 2003.

*Is HIPAA applicable to all health care providers?*
Yes, HIPAA applies to hospitals, physicians, insurance companies, laboratories, dentists, ambulatory surgery centers, business offices, etc. Children's Healthcare of Atlanta is an applicable health care provider.

*What is considered "health information"?*
Information can be related to past, present or future physical or mental health conditions. This includes oral, written or electronic (computer) information.

*What is Protected Health Information (PHI)?*
The following is considered protected information about patients: addresses, dates, telephone/fax numbers, social security numbers, medical record numbers, patient account numbers, insurance plan numbers, vehicle information, license numbers, medical equipment numbers, photographs, fingerprints, e-mail/Internet addresses.

*What is TPO?*
TPO stands for Treatment, Payment, Operations. HIPAA allows us to share a patient information for the purpose of treatment (providing care to patients), payment (getting paid for caring for patients), and operations (normal business activities). However if the use of the information does not fall under one of these categories, the hospital must have the patient's signed consent before sharing the information with anyone.

*Does this impact patient information volunteers have access to?*
Yes. Your hospital should provide "sensitive" volunteer service areas with specific training and requirements regarding HIPAA. Some "HIPAA sensitive" volunteer service areas might include: lobby information desks, family waiting rooms, patient care areas, business office support.

*What are some special tips volunteers should know?*
- Protecting the confidential health information of campers is the responsibility of everyone involved in their treatment and healing process, including volunteers.
- Be sensitive to patient confidential information. If it is information you wouldn't want shared about you, do not share it with others.
- Think before you talk about patient-specific information.
- Keep information to yourself if you overhear or see PHI unintentionally.
- Do not talk about campers in common areas.

**Remember when at camp…..**
**What you see here,**
**What you hear here**
**When you leave here**
**Let it stay here!**

Signature _____

Date_____

Printed Name _____

## Staff/Volunteer Code of Ethics

1. Staff/volunteers understand and embrace the mission of the Camp Twin Lakes and willingly and knowingly accept the concept that the focus and goals of the camp are directed to the campers.

2. Staff/volunteers will adhere to all Children's and Camp Krazy Legs policies included in the camp volunteer manual, including:
   - The camp fraternization policy
   - The internet social network and blogging policy
   - The confidentiality policy
   - The child abuse policy

3. Staff/volunteers will never leave a camper unsupervised.

4. Staff/volunteers will never be alone with campers or a camper, except when assisting with personal hygiene or toileting which is permitted by specific individual partner camp policies or in an emergency.

5. Staff/volunteers will not abuse campers including:
   - Physical Abuse: strike, spank, shake, slap
   - Verbal Abuse: humiliate, degrade, threaten
   - Sexual Abuse: including inappropriate touching
   - Mental Abuse: hazing, negative manipulation

6. Staff/volunteers will use positive guidance techniques including redirection, anticipation, of and elimination of potential problems, positive reinforcement, support and encouragement rather than competition, comparison, criticism or humiliating discipline techniques.

7. Staff/volunteers must treat with confidence and respect personal information they learned from campers, subject to the policies on reporting abuse and neglect, as referenced elsewhere in this manual.

8. Staff/volunteers will treat with the utmost respect and confidentiality all patient/camper information that is received during pre-camp or camp briefing sessions. This information is protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPPA). [PHI definition: Information that is oral or recorded in any form or medium that relates to the past, present or future physical condition of an individual.]

9. Staff/volunteers will treat campers of all ethnic, religious and cultural backgrounds with respect and consideration.

10. Staff/volunteers will portray a positive role model for campers, including but not limited to, maintaining an attitude of respect, loyalty, patience, honesty, courtesy, tact and maturity. Positive Participation with the campers is paramount to the success of each camp!

11. Staff/volunteers will not use profanity or discuss adult subject matter in the presence of campers.

12. Staff/volunteers will adhere to the dress code for camp. T-Shirts with advertisements for beer, alcohol and tobacco products should not be worn. Likewise, clothing with degrading or offensive language should not be worn. Clothing should be modest.

13. Staff/volunteers will not use, possess or be under the influence of alcohol or illegal drugs during camp or while on camp property.

14. Staff/volunteers are prohibited from having firearms or other weapons while at camp.

15. Staff/volunteers must be free of health or psychological conditions that might affect campers' health.

16. Staff/volunteers will comply with the outlined activities and expectation of their defined roles at camp and all required activities prior to camp which support their roles.

17. Staff/volunteers are prepared and willing to assist and support campers and to meet personal daily needs.

18. Staff/volunteers will accommodate and be sensitive to the developmental difference and abilities of individual campers.

19. Staff/volunteers that do not have a pre-existing relationship with a camper will not fraternize with campers (baby-sitting, phone calls, private lessons, contact through Social Networking Sites, etc) outside of camp supervised activities or the camp setting. Any exception to this policy requires written approval in advance from the partnering organization's camp director. Additionally, the partnering organizations director must be made aware of any pre-existing relationships. Contact with campers outside of the camp setting includes face to face contact as well as correspondence through phone calls, letter, emails, or virtual social networking sites. Any contact with former campers who are 17 years or younger must likewise be approved by the partnering organization's camp director. For those campers who turn 18 within 12 months of the date camp took place, contact must also be approved by the partnering organization's camp director. For camps that serve individuals 18 years or older, all contact outside of the camp setting must likewise be approved by the camp director. This contact is discouraged, regardless of the camper's age, based on the counselor. Camper relationship. Likewise, at those camps that serve campers 18 and older any contact with graduating campers within 12 months of the camp date must be approved.

20. If requested by the camp director, volunteers/staff will provide that person with access to any websites maintained or controlled by the volunteer/staff person, including any personal websites, blogs, and social networking sites.

21. Staff/volunteers will not offer gifts or money to campers or their families.

22. Staff/volunteers will not accept money or tips from campers or their families.

23. Staff/volunteers are required by Georgia state laws to report any suspected abuse or neglect of a child to the camp director so that it may be reported to the authorities.

24. Staff/volunteers understand that their first priority is to provide a safe and enjoyable camp experience for all campers.

25. Staff/volunteers will adhere to the outlined policies, procedures and standards of Camp Twin Lakes.

26. If I should disagree with the interpretation of these policies, I will contact the camp director prior to camp. Staff/volunteers will not make personal disclosures to campers with an attempt to influence individual beliefs, values, or lifestyles.

27. Staff/volunteers will only talk on their cell phones during breaks, when they are away from campers. They will not carry their cell phones on their person, unless arrangements have been made with the camp director ahead of time.

28. Staff/volunteers will not leave personal medications or food of any kind in the cabin. All medications must be left in the med lodge.

29. Staff/volunteers behave in a manner that is acceptable for a children's camp. Immodest clothing and excessive displays of affection are not allowed. Any sexual activity at camp is not allowed.

30. Staff/volunteers will not discuss their personal romantic lives around campers.

31. Staff/volunteers must agree to provide all criminal and other background check information requested of them and must meet qualification standards established by the partner camp.

Staff/volunteers must comply with this Code of Ethics throughout placement with the camp and affiliation with the partnering organization. Compliance with the Code of Ethics is a condition of continued involvement with the camp. I understand that violation of the following standards will be regarded as engaging gin unethical behavior that is grounds for immediate termination of roles and responsibilities.

Signature_____ Date_____

Printed Name_____

# MEDICAL RECOMMENDATION FORM FOR CAMP VOLUNTEER OR STAFF

*Return this completed form to:*

**Children's Healthcare of Atlanta**
**1001 Johnson Ferry Road**
**Family Services**
**Attention: Claire Aikens**
**Atlanta, GA 30342**
**Phone: 404.785.4425**
**Fax: 404.785.2214**

These medications are stocked in our camp's health center and will be used to manage illness and/or injury of this employee.

**CROSS OUT** those that are contra-indicated for this person.

Acetaminophen
Aloe
Bismuth Chew Tabs
Calamine Lotion
Chlorpheniramine maleate
Diphenhydramine
Epinephrine
Guiafenesin DM
Hydrocortisone Cream
Ibuprofen
Kaopectate
Cough Drops
Ivy Dry
Nix
Tolnaftate
Topical Antibiotic Cream
Pseudoephedrine
Silver Sulfadiazine

*To physicians and their staff:*

This person is a volunteer at camp. The job includes physical activity such as **transfer of campers, walking up to a mile daily and other strenuous activities** that may require the individual to be outside in a variety of weather conditions. Our healthcare staff and supervisor use the information provided on this form as a guide. The volunteer can provide their job description and list of essential functions to you. If you question the person's suitability for their job, please talk with them and develop a plan to address any concerns. You can also speak to one of our camp professionals by calling **404-785-4425**. Thank you!

Name of Staff Member: _____ Date of Birth: _____

1. List the chronic health problems of this employee: . . . . . □ None
□ Asthma □ Diabetes
□ Allergies □ Other: _____

2. List the prescription medication(s) this person will take while at camp; provide a medical order for administration.
□ None needed while at camp.

a. _____

b. _____

c. _____

3. List the allergies (food, medication, etc ) of this person . . . . . □ No known allergies

a. _____ □ Intolerance □ Anaphylaxis
b. _____ □ Intolerance □ Anaphylaxis
c. _____ □ Intolerance □ Anaphylaxis

*Note: Our expectation is that the volunteer will have an EpiPen and know how to use it if anaphylaxis is part of the individual's health profile.*

4. Describe other treatments needed by this person to do their job . . . . . □ None needed

_____

_____

_____

5. Describe any significant physical findings regarding this person and/or describe any limitations that may impact the employee's job performance.
□ No significant findings.

_____

_____

_____

6. We may have neglected to ask about something you feel is needed to adequately address this person's health needs. If so, please add your comments below.
□ No additional comments needed.

_____

_____

_____

Healthcare Provider

Signature: _____

Date: _____

By signing this form, you are telling us that, in your opinion, this person is both physically and emotionally ready to participate as an volunteer at our camp except as noted in your comments.



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# Immunization History

All volunteers must have immunization or proof of a titer for vaccinations listed below. Tuberculosis results must have been completed in the past year. **Copies of immunization forms from health-care providers, universities or state or local government are preferred**. If an immunization record is unavailable, you must have proof of immunity from a titer (blood test).

Volunteer's name: _____

Date of birth: _____

| Immunization | Dose 1 Month / Year | Dose 2 Month / Year | Dose 3 Month / Year | Dose 4 Month / Year | Dose 5 Month / Year | Most Recent Dose Month / Year |
|---|---|---|---|---|---|---|
| Diphtheria, tetanus, pertussis (DTaP) or (Tdap) | | | | | | |
| Measles, mumps, rubella (MMR) Or Titer | | | | | | |
| Varicella (chicken pox) Or Titer | | | | | | |

Attach results for current TB test.

| Tuberculosis (TB) test | Date: | Circle your result: Negative *Positive |
|---|---|---|

*If you have had a positive TB test result, please attach appropriate medical documentation of a negative chest x-ray.

If you are unable to be fully immunized for medical or other reasons, contact your camp director and sign the statement below.

I understand and accept the risks to myself from not being fully immunized.

Signature _____

Date _____



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**Before you send these forms back, please be sure you are mailing:**

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- Camp volunteer pledge
- HIPPA
- Staff code of ethics
- Medical recommendation form—**Completed and signed by a physician or university medical practitioner**
- Immunization history form — **Complete and attach a copy of immunization record**
- A copy of current health insurance card—To be used in event of an emergency at camp

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1001 Johnson Ferry Road
Family Services
Attention: Claire Aikens
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Fax: 404.785.2214
Claire.aikens@choa.org

Thank you to the following for helping make Camp Krazy Legs possible!



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