



# Administrative and Operational Policies and Procedures

<b>Policy Number:</b>	<b>3.36</b>	<b>Original Date Issued:</b>	August 1, 2000
<b>Section:</b>	Compensation & Benefits	<b>Date Reviewed:</b>	June 23, 2005
<b>Title:</b>	Camp Attendance	<b>Date Revised:</b>	June 23, 2005
<b>Regulatory Agency:</b>			

**I. POLICY:**

Children's Healthcare of Atlanta (Children's) supports employee participation in and provides compensation for attendance at outside Camps which support the Children's mission and at which staff member participation would benefit Children's.

In view of this, with the approval of the employee's Department Director, employees may be compensated to attend Camp sessions, which have been pre-approved as supporting the Children's mission. (see Attachment A, "Pre-approved Camp List")

Camp attendance approval is determined on individual, case-by-case basis.

**II. PROCEDURE:**

1. Employee completes the Camp Attendance form (See Attachment B, "Camp Attendance" form) and submits to department director/designee.
2. If an employee's request meets the Director's approval, meets the department's staffing and operational needs and is on the Pre-approved Camp List, the Camp Attendance Form (attachment B) should be completed and submitted to Risk Management for notification of appropriate insurance carriers.
3. If the requested camp is not on the Pre-approved Camp List, Vice President approval is required. If the Vice President approves the camp that is not on the Pre-approved Camp List, the Vice President signs the bottom of the Camp Attendance form and submits the form to Risk Management.
4. The Camp Attendance form should be submitted to Risk Management at least 2 weeks prior to the camp.
5. Employees approved to attend camp may receive their regular rate of pay for all hours worked at camp not to exceed their normal work schedule.
6. Employees who wish to attend camp sessions which do not meet the criteria outlined in this policy should request Paid Time Off (PTO).



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7. Employees are responsible for notifying Children's immediately in the event they are involved in any injury or alleged injury to a camper or camp attendee, damage to property or injury to themselves.

## CHILDREN'S HEALTHCARE OF ATLANTA PRE-APPROVED CAMP LIST

Camps which support Children's mission and have potential to be approved for participation by Children's staff include:

- Camp Wak N Hak - for children with cystic fibrosis
- Camp Sunshine - for children with cancer
- Camp Breathe Easy - for children with asthma
- Camp Second Chance - for children with solid organ transplants
- Camp Independence - for children with renal disease
- Camp WannaKlot - for children with hemophilia
- Camp New Hope - for children with sickle cell disease
- Georgia Diabetes Camp, Inc. - for children with diabetes (New in 2000)
- Camp Fun Widia (aka: Diabetes Day Camp) – for children with diabetes
- Camp Stars - for bereaved children
- Camp Horizon - for abused and neglected children
- Camp OO-U-La - for severe burn patients
- Camp MDA- for MDA
- Camp Big Heart - for mentally challenged children and adults
- Camp Braveheart – for children with cardiac illnesses
- Camp Winshape – for shaping winning attitudes in children
- Camp Hargrove – for children with brain injury
- Camp Lighthouse Family Retreat – for children with cancer and their families
- Sunshine Kids Foundation – for children with cancer
- Camp Oasis – for digestive healthcare



## CAMP ATTENDANCE FORM

Please complete the following information:

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Professional Designation, if applicable: \_\_\_\_\_

Department: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

The mission and vision of the Camp: \_\_\_\_\_

Date of the Camp: \_\_\_\_\_

Dates and hours that you plan to attend: \_\_\_\_\_

Description of the activities/services you intend to provide to the camp: \_\_\_\_\_

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Contact name and address at the camp. (This should be the name of the individual at the camp that would receive any verification of insurance, etc. from Children's):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

### **APPROVAL:**

\_\_\_\_\_  
Signature of Director

**APPROVAL** (if camp is not on Pre-approved Camp List):

\_\_\_\_\_  
Signature of Director

AND

\_\_\_\_\_  
Signature of Vice President

**IF CAMP APPROVED, FORWARD THIS DOCUMENT TO RISK MANAGEMENT ANALYST AT LEAST TWO WEEKS PRIOR TO THE CAMP.**