



Health Center *Playbook*

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WELCOME

You are an answer to prayer! Thank you for saying, “Yes” to serving on the Kids Across America Health Services’ team. You are now part of a team of volunteers focused on meeting the needs of campers and staff while lifting up Jesus Christ and sharing His love.

This is your [Health Center \(HC\) Playbook](#). The playbook includes duties specific to each role in the HC, guidelines, schedules, examples of paperwork, and other important information you will need to be familiar with before arriving at camp. We encourage you to bring a copy with you for a reference while serving at camp. We will have it on the desktops of computers in the health centers as well.

Serving as a volunteer in one of our health centers presents many opportunities to show others the love of Jesus through a loving smile, a kind word, or handing out band aids. Every opportunity you have to interact with a camper is an opportunity to make an eternal difference in a life.

Arrival time at camp is around 10:00am on the Sunday of your contracted work week. Upon arrival, you will check in at the registration building, which is the first building on your right after entering through the gate. Here you will receive directions to the health center you are assigned to. Please call the [KAA main office at \(417\)266-4000](#) if you need further assistance with travel needs or questions.

We look forward to serving with you! Be ready for a great experience while sharing your gifts and love with the Father’s precious children.

[Kids Across America Health Services](#)

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MISSION STATEMENT

Building Christian leaders by encouraging, equipping, and empowering urban youth and their mentors through camping and education.

VISION STATEMENT

Transforming urban youth to impact their communities for Christ.

CONDUCT

Our goal is to glorify Jesus Christ in all we do! We stand firm on His Word and His life's example.

KAA does not condone the use drugs, alcohol, tobacco (any form), pornography, engaging in LGBTQ activities, or pre-marital sex and adopts a zero-tolerance stance for any kind of abuse or abusive behavior. If anyone of you should cause one of the least of these to stumble, it would be better for you to be cast into the river with a millstone around your neck. Luke 17:2.

Integrity, loyalty, and honesty: While at camp, staff and volunteers are expected to report violations of camp guidelines to their supervisor. When dealt with openly and considerately, God always uses these situations to produce growth in the life of each person concerned.

SPIRITUAL GIFTS

We believe spiritual gifts are sovereignly given by God, for the common good, to glorify Him. However, Gifts used immaturely or in an unscriptural way, can lead to confusion and division in the Body of Christ. Therefore, we have prayerfully chosen to leave the use, teaching, and discussion of Gifts to the local church.

GUESTS

Guests are not allowed without the coordinator's approval.

TIME OFF

If you are serving for consecutive sessions, your day off is from 10am Friday -10am Sunday.

PHONES/E-MAIL/FAXES/COMPUTER

Wi-Fi is available in each health center. KAA computers are not to be used for personal use unless given authorization from the director.

HEALTH SERVICES

KAA will have qualified medical professionals, on site, to tend to the health care needs of campers and staff during each camp session. If medical professionals cannot be on site, the Medical Director will be contacted, and telemedicine will be provided by qualified medical professionals.

PROCEDURE

KAA's Health Center Coordinator is responsible for ensuring first-aid and nursing services are provided, and for monitoring health and sanitation procedures throughout camps. First-aid procedures include those related to protections from pathogens in bodily fluids, provides for special medical needs, educates campers and staff in accident/illness prevention, makes sure medications are safeguarded and administered, and accurate records are kept. The Health Center Coordinator is on site when camps are in session, and health centers maintain "hours," times during the day when camp nurses see the injured/ill.

FIRST AID

Specified KAA staff are trained and certified in CPR/FA. First-aid supplies are available in the health center. Health center staff will make first-aid kits appropriate to the needs of the camp program and train staff in their use. First-aid kits are placed at each building, cabin, and activity area which poses the risk of injury.

EMERGENCY RESPONSE

Emergency transportation is provided by a KAA vehicle or the area's ambulance services. In general, the ambulance service is used when patients are not stable and/or need special equipment (e.g., life-support systems). Injured staff are not allowed to drive themselves. Emergency situations to which CPR trained staff are expected to respond include clearing and establishing a patient airway, initiating CPR, controlling severe bleeding and pressure and elevation, cooling a burn, and keeping a suspected fracture quiet.

ORIENTATION

Please try to arrive no later than 10:00am Sunday to allow time to unload your luggage and settle in your room. If you would like to arrive on Saturday that is fine as well, please let us know when you will be arriving by Friday. Dorms are on the upper level of your designated Health Center with twin sheets and a pillow if needed. You may park in front of the health center to unload. However, this area MUST be kept clear so buses can maneuver through. It is important that you move your vehicle to the staff parking lot as soon as possible. Orientation will mainly be virtual prior to your arrival to KAA. We will meet directly after church on Sunday. After meeting will we head to top of the hill to set up and return to dining hall for lunch prior to camper arrival.

OPENING DAY

Sunday is opening day for each camp session. Be prepared for a lot of work, high energy, and a full day with a key component: You are the first to welcome campers to camp! We conduct our health screening (to be done within 24 hours of participants arrival), gather and update, if necessary, health forms, and receive camper medications. KAA reserves the right not to admit an ill person.

Bus Check assignment on opening day:

A volunteer (helper/assistant) will board the bus to welcome campers and their Kaleos and give instructions. (note: Kaleos are the leaders from the camper's hometown who accompany them to camp. Kaleos are housed separately and if a camper has health concerns during the week, kaleos are notified).

"Kaleos - please divide camper forms and medications by camp, and gender. Ensure medication cards (appendix L) are in each individual bag. If you are missing the medication card, you will need to fill one out and get parental verification. If you do not have your forms and medications organized as you were instructed to do so you will have time to do so now! When checking in the medications, you will take medications and health forms to the health center at each camp. Nurses and health center staff will be there to assist you with the check in process."

"Campers, we are going to check your temperature, and preform a lice check."

This will be done on the bus if large enough otherwise campers will be asked to step out of the vehicle for this check. These checks will be preformed by our "lice team".

Temp check: If a camper has a temperature above 100.4 F, inform their leader and move camper inside the registration building to cool off.

Head check: Check for nits and/or live lice. Head check tips: Check behind the ears, and nape of neck. Nits do not come off the hair shaft easily - you cannot flick it off; nits will be attached to a single strand of hair. Lice do not jump but are fast crawlers and easy to miss. If you find nits or live lice, be discreet and notify the kaleo to bring camper to the health center. Camper's belongings need to be laundered by the kaleo and a kaleo is to wash camper's hair.

“Kaleo, will you send specified campers who have a diagnosis of asthma, diabetes, seizures and allergies to the HC Staff for banding. (those who come to the table will identify what medical alert band they need).” When asking about allergies, emphasize you are asking about life threatening allergies, and verify asthmatic campers brought their inhaler(s). Medical alert bands are designated as follows:

- Green for asthmatics or those with breathing difficulties.
- Red for campers with allergies
- Pink for diabetic and history of seizures (denoted as seizure hx)
- Clear bands will be given to campers who have scheduled meds (these bands are scannable and will be returned Thursday/Friday prior to camper leaving camp)

Nurses, if you are coming via bus, please bring a thermometer to do lice and temperature check prior to arrival. Notify HC staff that your bus does not need these steps.

Make sure you have checked off on the “Check In” sheet the Kaleo should have. There is a designated place for you to check that ‘Health Forms’ have been received if needed, ‘temperatures/heads have been checked’, and ‘medication has been received’ if applicable.

Health Center assignment on opening day

HC staff are assigned to check-in area at the top of the hill. Some will distribute medical alert bands, and do bus checks.

Others are assigned to tables for medication checks and health form check ins. Do not allow group leaders/kaleos to drop off camper forms and/or medications without reviewing and approving them first. The medications will not be approved until they have been compared to camper's medication card (appendix L). Other tasks to complete include comparing camper's MAR in ICamp Pro with medication card, ensuring Kaleo's sign Kaleo Contact sheet for each camp (appendix D), creating med pass bands.

Kaleo forms and group Insurance policies go in the Kaleo binder. Medications brought to camp are to be brought by the Kaleo (group leader), not with the camper unless it is an inhaler or other approved medication. Prescriptions must come in original, labeled prescription bottles or the kaleos must contact the parent/guardian for clarification.

The parent can have a prescription called in or mailed to camp. Nurses are not legally permitted to give unlabeled medications. Health center staff will label medication baggies with the cabin# which is in iCampPro.

Please use kaleos as a resource to connect with parents/guardians about medication concerns and questions since they will most likely have a relationship with the family.

Overview

Health information is confidential and privileged and is shared with leadership, counseling and/or kitchen staff on a need-to-know basis. Nurses are responsible for maintaining complete and up-to-date health records including the dispensing of medications. Health records are confidential and available only to health care staff and the director.

At the Health Centers we treat issues such as: homesickness, headaches, dehydration, mild to severe allergies, strains, and sprains, cuts, bruises, fractures, heat related illnesses, etc. Doctors are available, but the nurse has the initial contact and decides the initial route of care. Camp docs make daily rounds to each camp as needed after breakfast and dinner. Otherwise, they can be reached by phone. In an emergency alert the Camp Doctor, Director of Health Services, and Camp Director. Each health center has a list of MD phone numbers.

Check with staff/camper if they have a brace, etc. from a previous injury. Often, an injury at camp is due to an old injury. We charge staff or the ministry group for items/excessive meds given. Complete the Charge Sheet (appendix J) and turn in to the Registrar at the end of each session.

You will need to bring your own toiletries, towels, and wash clothes. You may want ear plugs. Please be sensitive to your roommates and their need for quiet time or rest during the day and at bedtime.

There is a time in the afternoon set aside for FOB (Flat on Back or nap time). Do not encourage clinic visits, except emergencies. It may be necessary to take FOB in shifts. Please work together at making sure everyone gets daily FOB times. At night, leave your porch lights on so people can find their way to your quarters in case of an emergency.

Please view the Child Protection Videos by following the link below.

Video link before coming to serve at KAA

Child Protection Plan (created for Kanakuk Camps; used by permission):

KAA CPP

<https://fast.wistia.net/embed/channel/tmoye8lo7x?w-channelid=tmoye8lo7x&wmediaid=jsuvfir7k4>

When you have finished the last video and completed answering the questions, you should receive a pass or fail confirmation email. The questions are contained in Appendix A.

Sample Nurse's Daily Schedule

Opening Day (Sunday)

9:00am - Church All Staff

10:00am - Arrive at Camp - move into Health Center (HC).

10:30pm - HC Meeting after church

After lunch Head to Hill Top for opening day procedures.

Medication Check-In

1. Sign in to iCampPro
2. Click on "Health" in the far-left column
3. Click on Scheduled meds
4. In settings choose the event "Summer Camps 2026"
5. The location will be "KAA Camp Grounds"
6. Then you will choose the date. This will be "Today's Date" Which should be the Sunday of every session
7. Then you will click on which camp you are checking medications into. Please note KAA2 or KAA3 will also check in "High Ground" and "KAA Elite" camper meds
8. Hit save changes
9. Find the camper whose meds you need to check in
10. Click the "manage meds" tab on the right-hand side
11. All meds should say "pending" you will click "Confirm Meds" and they will change to confirmed

5:00pm - When most meds are checked in begin organizing for dispensing.

6:00pm - Dinner at the lake/open field at specified camp.

6:00-11:00pm - Complete check-in for late arrivals, prepare medications for dispensing at bedtime & for the week. Check to make sure each camper has proper documents, create list of campers missing documents, or information on documents, or medications, etc. that was overlooked during the check-in process. *You will want to avoid this as much as possible. It is much easier to address these issues while the Kaleo is present. Distribute bedtime meds and meet health needs. Be prepared for Counselors to bring meds from camper's luggage. These meds need checked in.

Day Two, Three, Four (Mon, Tues, Wed)

7:30ish-8:30ish am

Meds will be given to campers in dining hall with meals. Take ladies/fellas medications to dining hall. You will give medications at the end of ladies' meals and the beginning of fellas. Programs will announce for those who have meds to go see the staff at the "nurse table"

Sign into I Camp Pro.

1. Click "Search" or "scheduled med" under the health tab
2. "Search mode" If the camper has a med band you can scan the band, otherwise search for camper by name
3. "Schedule med" change settings to session and camp to find campers
4. Once you find camper click on the right side
5. Click "administer" use check boxes to show meds given
6. Then select complete

A Medical Log needs to be completed for each person that comes to the HC for any health issue. This takes the place of Daily Log.

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8:30ish am - Boy's championship cabin (usually done by helper).

Championship cabin is not done on WHOA Day (Thursday).

9:30am - Sick call will usually follow fellas' breakfast. Physicians may start at KAA2 health center.

KAA2 HC should call to other HCs (Health Center) to see if there is a need for a physician. Carry out MD orders as needed. PLEASE follow protocol when a camper/staff needs to be transported out of camp. If they need to see Physician. If so, prepare for the visit by:

1. Signing into iCampPro.
2. Click "Search" under the health tab
3. If the camper has a med band you can scan the band, otherwise search for camper by Choose 'Male or Female'; check "Complaint" type in name (optional) and click Find. name
4. Once you find camper click "records" on the right side
5. Click "new record"
6. Then select Illness or Injury and complete the form

A Medical Log needs to be completed for each person that comes to the HC for any health issue. This takes the place of Daily Log.

10:00am - Girl's championship cabin (usually done by helper). Championship cabin is not done on WHOA Day (Thursday).

12:40 - 1:40pm - Check schedule for lunch med pass. Campers are escorted to HC for meds. Or see above regarding camps that will like meds in dining hall. If meds are missed, the Helper takes camper's name to office to be called to the HC.

7:15pm - Check schedule for dinner med pass

8:00-8:45pm - Sick call (carry out doctor's orders, fill scripts, etc.)

9:30-10:45pm - Prepare for Med Call after evening program. Please be aware that the older camps may have programs that run later.

Day Five (Thursday) - Breakfast is an hour later and some camps do breakfast in bed.

Prepare all medications for pick up by groups/kaleo after dinner meds. The office has a list of when groups are leaving. If you have a group leaving Thursday night you will get their meds together and leave out bedtime meds. Please make sure programs announce that groups leaving after vespers need to go to HC for night time meds and a Kaleo from that ministry needs to come and pick up camp[er] meds. You will need to get ALL BLACK meds bands from those campers and document prior to Kaleo leaving to ensure the return of bands. You may text/ call the kaleo of groups who have not picked up medications.

All other ministries meds will be picked up Friday morning. When you back these meds keep out dinner meds and breakfast meds. You do this by taking medication does out and putting in zip lock bag with a label with camper name, medication and dose.

Day Six (Friday)

8:00-10:00am

Friday morning you will give breakfast meds and have Kaleo's pick up all camper meds. Again, retrieve BLACK med bands prior to Kaleo picking up meds and verify all have been returned. Make sure ALL medications left in HC are picked up. Ask office to announce for kaleos to pick up medications if you have ministries not coming to HC to pick up. For medications not picked up, notify the Health Center Coordinator. Ensure counters are cleared of meds.

HC needs to be thoroughly cleaned, laundry complete, all sick beds made and ready for next session.

Please make sure your lodging area is clean, bed made with clean linen and dirty linen washed and put away.

Helper's & Student Helper's Daily Schedule

Opening Day

Day One-(Sunday)

9:00am -All Staff Church

10:30am HC meeting after church

After lunch

Head to the main entrance (Top of the Hill) Take check-in kit/cubby and a water bottle. You will either be assigned to the buses for check in you will be banding campers with medical arm bands, lice checking and temperature checking. At the check in table, you will assist nurse with ensuring Health Forms are organized in binders for each camp and medication check in/organization.

5:00pm - When most campers are checked-in if you are not already assigned to health center please return to health center and assist with medication check in/organization. (Label medication baggies with cabin#)

6:00pm - Dinner at the lake/open field events – HC staff will join everyone for dinner at designated place.

6:00-11:00pm - With late campers arriving, kaleos may bring meds/health forms to specified camp's health center. Continue assisting with preparing meds for dispensing at bedtime & for the week. Ensure each camper has proper documents, create a list of campers missing documents, information, medications, etc. As much as possible, make the Kaleo responsible for getting information. Assist with distributing bedtime meds, meeting health needs, and checking in meds from late arrivals.

Days Two, Three and Four (Mon, Tues, Wed)

Continue assisting nurses; filling ice cooler; washing clothes; changing beds; mopping, sweeping; cleaning bathrooms; sanitizing countertops and HC areas. Anytime a staff member, camper or Kaleo incurs a charge (prescription med, ace bandages, substantial OTC meds, etc.) complete the designated charge sheet.

7:30ish-8:30ish am - Meds will be given to campers in dining hall with meals. Take ladies/fellas medications to dining hall. You will give medications at the end of ladies' meals and the beginning of fellas. Programs will announce for those who have meds to go see the staff at the "nurse table"

Sign into I Camp Pro.

1. Click "Search" or "scheduled med" under the health tab
2. "Search mode" "If the camper has a med band you can scan the band, otherwise search for camper by name"
3. "Schedule med" change settings to session and camp to find campers
4. Once you find camper click on the right side
5. Click "administer" use check boxes to show meds given
6. Then select complete

A Medical Log needs to be completed for each person that comes to the HC for any health issue. This takes the place of Daily Log.

8:30ish am - Boy's championship cabin. On WHOA Day (Thursday) there is no championship cabin.

9:30am - Sick call will usually follow fellas' breakfast. Physicians may start at KAA2 health center. KAA2 HC should call to other HCs (Health Center) to see if there is a need for a physician. Carry out MD orders as needed. PLEASE follow protocol when a camper/staff needs to be transported out of camp. If they need to see Physician.

If so, prepare for the visit by:

Signing into I Camp Pro.

1. Click "Search" under the health tab
2. If the camper has a med band you can scan the band, otherwise search for camper by name
3. Once you find camper click "records" on the right side
4. Click "new record"
5. Then select Illness or Injury and complete the form

A Medical Log needs to be completed for each person that comes to the HC for any health issue. This takes the place of Daily Log.

10:00am - Girl's championship cabin (time varies per camp).

12:40 - 1:40pm - Check schedule for lunch med pass. Campers are given meds at dining hall. If meds are missed, Helper takes camper's names to office for them to call camper to HC.

7:15pm - Check schedule for dinner med pass. Meds given in dining hall.

8:00-8:45pm - Sick Call (prepare Physician Forms or Medical Log).

9:30-10:45pm - Prepare for med Call, bedtime medications administration that takes place after the evening program.

Day Five (Thursday)

Breakfast is an hour later and some camps do breakfast in bed. Help prepare medications to be picked up by groups/kaleo. Kaleos will pick up medications after dinner before going to vespers. Ask office to make announcements for kaleos to pick up group medications. Kaleos will give campers their scheduled medications Saturday morning. The office will have a list of which groups are leaving. You may text/call the Kaleo to tell them of groups who have not picked up medications.

Day Six (Friday)

8:00-10:00am

Make sure ALL medications left in HC are picked up by groups. Ask office to make announcements. For any medications that are not picked up, call the Health Center Coordinator. Be sure counters are cleared of meds.

HC needs to be thoroughly cleaned, laundry complete, all sick beds made and ready for next session.

Please make sure your lodging area is clean, bed made with clean linen and dirty linen washed and put away.

PLEASE CAREFULLY REVIEW THE CRISIS MANAGEMENT PLAN LOCATED IN THE HEALTH CENTERS. THERE ARE ABBREVIATED STEPS LOCATED/PLACED BY THE PHONE IN THE CENTERS. WHEN AN EMERGENCY HAPPENS, FIRST NOTIFY THE CAMP PHYSICIAN, HEALTH CENTER COORDINATOR, AND THE CAMP DIRECTOR. FOLLOW THE CRISIS MANAGEMENT PROCEDURE PLAN.

HEALTH FORM PROCEDURE

In I Camp Pro, every camper and Kaleo has a completed digital Health History/ Emergency Form on file. If a digital form is not completed on the first day, paper forms need to be completed and placed in the appropriate binder.

Health Forms are checked for parent signature (required) and insurance information. Every camper should have private or group insurance coverage. The Kaleo will have this information if there is no insurance listed. Most groups have group coverage and will turn that information in to HC staff.

Make a list of all forms missing/not fully completed and proceed as follows: Camper's Kaleo should notify parent/guardian ASAP.

Should emergency care be required, and there is no parental signature consent for treatment, the parent signature on the camper's application may be used. Registration has these applications.

KAA is not equipped to handle special dietary needs. You may alert the head cook in your dining hall of a life-threatening food allergy within a specific cabin.

MEDICATION PROCEDURE

Medications are strictly monitored with access restricted to key personnel and are kept in the HC unless authorized by the director.

All medication shall be kept in a locked area under the nurse's supervision and all medication administered in KAA's camp setting shall be administered by health services staff on duty.

Prescription medications shall be accounted for during camp admission. Narcotic medications MUST BE counted upon arrival and kept in a locked area, with double locks, always. Only one staff per shift shall have access to these meds.

Only the licensed nurse or medical provider may dispose of contaminated medications (ex. Dose dropped on the floor). Destruction of contaminated medications must be properly documented.

Counselor's medications are in locked area provided on the HC porch. Counselors administer their own medication.

Special Circumstances

Inhalers, Epi-pens, anaphylactic kits, and topical acne medications may be kept with the camper if they understand the purpose and have demonstrated to HC staff, they know how to administer the medication. Campers with Diabetes who take oral medications or insulin must keep emergency sugar supplies with them including at.

Prescription medications must be in original prescription labeled container with the doctor's name. Verify the 6 administration RIGHTS: Right patient/name, drug, dose, date, time, route. Improperly labeled or narcotic medications will not be accepted. Return to Kaleo immediately. Do not let the Kaleo leave until you have reviewed all forms and medications.

For needed meds that have not been accepted by HC staff, the Kaleo or nurse will phone the parent/guardian to have parent call their physician to have them fax a prescription to the camp office or mail the medication to camp. Camp physicians may call the prescription into an approved pharmacy. The group is responsible for the expense. Physicians have the right to refuse medication for a camper due to improperly labeled medications.

A Parent signature must be on camper's health form before an over the counter (OTC) med can be dispensed. Be sure to check allergy record and ask individual about any known drug allergies prior to giving OTC medications or prescriptions prescribed while at camp (i.e., antibiotic). OTC meds may be given as needed and documented in Circuitree's Medical Log. If an OTC medication for regularly occurring symptoms (i.e., Claritin for environmental allergies) is checked-in for a camper and listed on MAR/Medication Card signed by parent, document administration in Circuitree's Scheduled Medication. A written and signed physician's order must accompany an injectable medication. Pharmacy label must have correct script and administration directions. Medication that has been checked-in but not dispensed is returned to the Kaleo on Friday.

LOGGING IN MEDICATIONS

1. Sign into I Camp Pro
2. Click "Search" or "scheduled med" under the health tab
3. "Search mode" "If the camper has a med band you can scan the band, otherwise search for camper by name"
4. "Schedule med" change settings to session and camp to find campers
5. Once you find camper click on the right side
6. Click "administer" use check boxes to show meds given
7. Then select complete

A Medical Log needs to be completed for each person that comes to the HC for any health issue. This takes the place of Daily Log.

END OF SESSION MEDICATION DISBURSEMENT PROCEDURE

On Thursday, place all group's meds in Ziploc bags according to group and pull meds to dispense at bedtime and breakfast. If group is leaving Thursday night do not pull breakfast meds.

Remind the office staff to make an announcement at Vespers for groups to get their meds from the Health Center before going to home in the morning. If group is leaving after Vespers they can pick meds up Thursday night prior to leaving.

Any refrigerated meds should be kept cool until the group leaves. Attach a note to the group's bag if they need to pick up refrigerated medication. If Kaleos do not pick up meds we will mail them and charge the group. Place forgotten medication into an inner office envelope and turn it in to the Health Center Coordinator.

PHYSICIAN SICK CALL PROCEDURE

Campers/staff who nursing staff has determined needs to be examined by the Camp Physician will come to sick call at the specified times.

A Medical Log is completed on each person the physician evaluates. The physician completes a Physician Visit form (Appendix E) or enters information into I Camp Pro.

Information at the bottom of the form should be completed by the nurse to ensure the paperwork is completed and Rx is filled. If a camper is treated by a physician, the kaleo should be notified ASAP (kaleo will call parent). If the Kaleo cannot be contacted call the parent. Document time/name of person taking call in I Camp Pro.

If a Physician Visit form is completed, snap a picture of the form, and attach to patient's medical log in I Camp Pro OR scan with printer/scanner into I Camp Pro. Place form in the Physician Visit notebook.

Assistants/helpers may not transcribe or fill orders from the Physician Visit form.

If proposed treatment is refused, please have patient complete the Refusal of Treatment Form (appendix K). 11. If the patient is a staffer who has been injured, please ensure they complete the Employees Report of on the-job Accident/Injury Form (appendix M) and have witnesses complete the Accident Injury Witness Form (appendix N)

TRANSPORTING TO REFERRAL FACILITY OR EMERGENCY ROOM

A Kaleo must accompany health center staff when they are transporting a camper to a KAA approved health care referral facility. Driver must have passed the KAA Certified Driver's Test, be 21 years of age or older, and have a valid driver's license.

Staff requiring evaluation and/or treatment in a KAA approved facility are accompanied by a Health Services staff for work related injuries. Anytime staff has an injury to be evaluated by a physician you must contact your Health Center Coordinator. Illnesses/injuries that occur during staff's personal time when off the clock, do not require a Health Services staff to accompany them for treatment.

Procedure:

Health center staff prints the camper/staff member's health form with medical log and notifies the Health Center Coordinator and camp director. If camper does not have digital health information, pull paper health form, and make a copy.

KAA 1 - Men's Director: Josh Jules (interim) and Tre McCall (DII)

Women's Director: Meredith Conrad

KAA 2/3 - Men's Director: Hunter Wadman and Bill Rodriguez (DII)

Women's Director: Marla Manous

Higher Ground Brian Chamberlain & Marlene Nash

Contact Kaleo/group leader to escort the camper to referral facility and to notify parent. Ensure vehicle has at least a half tank of gas and turn in receipts for expenses (any meals that are needed).

A certified driver will transport the camper/staff member in a Camp approved vehicle. If an ambulance is deemed necessary, follow the guidelines in the Crisis Management Policy and Procedures.

At the ER:

Ensure Kaleo gives the health forms or camper application to admitting personnel. Camper/staff triaged, examined with appropriate tests ordered.

After being diagnosed and/or treated, the kaleo contacts the parent/guardian. Parent/guardian speaks with physician or nurse from healthcare facility.

Take a picture of paperwork from facility to upload in I Camp Pro.

If parent/guardian cannot be reached by phone, contact the next person on the Emergency Contact list on the Health History & Emergency Form. Allow Kaleo to leave a message when no one answers.

Staff may phone their parents/guardian themselves. If they are too ill or injured to make the phone call, the HC Staff member may call for them.

Note: When checking in at a referral facility, staff/camper private insurance is the primary insurance, then the group ministry insurance.

PARENT/KALEO/DIRECTOR NOTIFICATION

Procedure:

Under the following conditions a Kaleo and parent/guardian are contacted, within 24 hours of event, regarding their child.

- Camper started on an antibiotic.
- Camper requires sutures for a laceration (notify Kaleo and HS director prior to procedure).
- Camper stays overnight in the Health Center (notify kaleo & camp Director).
- Camper seen for a significant concern and treated by camp physician.

If the parent/guardian is not available, you may leave a message. Phone calls to parents/guardians must be documented in iCampPro. Letters (Appendix G, H, I) will be sent home with the camper for the following: Instructions for antibiotics that need to continue after the camper's term.

- Suture care instructions.
- Camper treated for lice.
- Tick removed from camper.

For major emergencies such as complicated fractures, large laceration(s), spinal/neck injuries, complicated illnesses, etc., notify Camp Doctor, HS Director, and the CampDirector immediately.

KAA has a no electronics policy for campers unless given permission to do so by Camp Nurse, Camp Director, Medical Assistant, or the HS Director.

A Kaleo should be present for calls made parent/guardian; keep Kaleo updated of camper's status.

EXCLUSION FROM CAMP ACTIVITIES

- Temperature above 100.0 orally.
- Red, draining eyes.
- Live lice or Nits.
- Skin lesions (impetigo or scabies) no lake activities.
- Nausea/Vomiting.
- Diarrhea (2 or more loose, watery stools per day).
- Strep Throat/ Pharyngitis.
- Head injury – if significant to be seen by physician and/or symptomatic.
- Fever with any s/s of communicable disease.

WHEN TO DISCHARGE BACK TO CAMP

- Fever free for 24 hours.
- On prescribed antibiotic eye drops for 12 hours.
- Following treatment of lice or nits (until free of nits and/or lice).
- On oral antibiotic and fever free for 24 hours.
- No vomiting for 24 hours.
- No diarrhea for 24 hours.
- After neurological observation for 24 hours and asymptomatic.
- Clearance by physician.

MEDICAL LOGS IN iCampPro

1. Sign in to I Camp Pro
2. Click “Search” under the health tab
3. If the camper has a med band you can scan the band, otherwise search for camper by name
4. Once you find camper click “records” on the right side
5. Click “new record”
6. Then select Illness or Injury and complete the form

A Medical Log needs to be completed for each person that comes to the HC for any health issue. This takes the place of Daily Log.

GUIDELINES FOR CLOTHING/LINEN

Each cabin will be stocked with three towels, two toothbrushes, 1 tube of toothpaste, at least 1 sheet set and pillow (if available).

Recycled clothing to be given to campers will be stored in the PSM in the camper clothing closet. Linen/hygiene needs will be stored in health centers. HC staff will wash lost/left clothing/ linen and restock appropriate clothing tub in camper clothing closet in PSM. Linen will be stored in HC Counselors will complete camper's needs order form (appendix D) and turn into health centers before breakfast has ended (place in appropriate container on porch).

KSTs will retrieve camper's needs order form, at end of breakfast, and give to Kaleos who will "fill the order" from camper clothing closet, bring clothing back to the health center porch and place in designated tub.

Counselors will complete Linen/hygiene order form (appendix B & C) as needed and place in appropriate container on HC porch. Health Center staff will retrieve linen/hygiene order forms and fill as needed and place item(s) in designated tub on HC porch.

GUIDELINES FOR DINING HALL

Getting Ice (take cooler to kitchen entrance of dining hall).

Wash hands.

Put gloves on.

Use designated scoop – do not let the scoop touch the cooler.

To-Go Meals

HC staff must eat ALL meals in dining hall unless you have a sick camper and HC staff must stay in HC with camper.

Notify Food Services Director with number of meals needed at least 30 minutes before mealtime.

Allow about 15 minutes for meals to be prepared before picking up.

Wait by back doors when in kitchen area

Food Service (Served family style)

Meal service begins after the blessing.

Serve the dish in front of you and pass to the right. If you take the last item, go to the counter for a refill (remove serving utensil).

Assist in setting/cleanup of table. The plates must be scraped clean, stacked, and taken to the counter by the dishwasher. All glasses are emptied into a bucket and stacked in front of the dish area. Dispose of trash separately from the food. Take leftover food to the front counter (designated areas). Wipe tabletop with dishcloth provided at each counter.

END OF TERM

At the end of each camp session, remove health forms from 3-ring binder and store in file box kept in Health Center. Annotate each group by placing labeled sticky notes on first form of each group. Then place a divider sheet on top of forms and label it with the appropriate session.

Staff

GUIDELINES

TIME OFF

Camp is a full-time ministry. Staff is expected to be at Camp except for:

- Permission from Health Center Coordinator. If you work consecutive weeks, you get one 2-4 (24 hours) from 10am Friday to at 10am Sunday. If adequately staffed, check with Coordinator for a midweek 2-4

FOOD IN CAMP

It is preferred you eat meals in the dining hall but understand that this is not always possible. Health Center does not store food unless prior approval is given by the Health Center Coordinator.

MISCONDUCT (Not all inclusive)

Drinking alcoholic beverages, use of any type of tobacco, or illegal drugs.

Male and female staff staying in the same motel room, apartment, etc. This includes adjoining rooms at a given sleeping location.

Any degree of sexual contact between staff and camper.

Staff meeting other staff in a secret location for romantic rendezvous.

LGBTQ activities.

Negligence or unsafe activity.

APPROPRIATE/INAPPROPRIATE WAYS OF INTERACTING WITH THE CAMPERS:

Appropriate Contact

An arm around the shoulder.

Three -second side hugs.

High Fives, fist bumps, elbow touches, etc.

Inappropriate Contact

Touching kids in a state of anger.

Hugging with opposite sex.

Sexual joking, bathroom humor, homosexual joking, or verbal harassment.

Lying or sitting on anyone's bed.

Back rubs, tickling, wedgies, mooning.

Kissing.

Touching staff or camper's private parts for any reason other than medical/health reasons.

Failure to follow KAA guidelines concerning appropriate contact with a Camper may result in corrective action up to and/or including termination of employment.

LOST ITEMS

KAA is not responsible for lost or stolen items. It is staff's responsibility to secure personal items.

Found items should be taken to the office.

DRESS CODE

Nudity is not allowed.



Male

Speedo swimsuits are not allowed.

Must wear shirt unless at a water activity.

No underwear showing or sagging pants.

Wave caps/do-rags are not allowed outside of cabins.



Female

Only modest one-piece swimsuits allowed (no high thigh, cut outs, mesh or French Cut)

Must wear shorts and shirts over swimsuits when not at a water activity.

No leggings without shorts.

No short shorts (min. 5" in seam).

Must wear a bra all day.

No spaghetti strap tops, no midriffs showing (even when arms are raised).

Underwear must not show.



Shoes

Athletic shoes/socks must be worn during the day. Tevas/Chacos/waders may be worn during water activities (not to).

Sandals must have a strap around the heel.



Shirts

Inappropriate slogans, designs, or logos (beer slogans, sexual innuendos, marijuana, etc.) are not allowed.



Make-up

Not allowed during camp.



Jewelry

Staff may wear two stud earrings.

Only one small stud nose piercing is allowed – no hoops.

No other body piercings are allowed.

MUSIC

Only approved music may be played at camp.

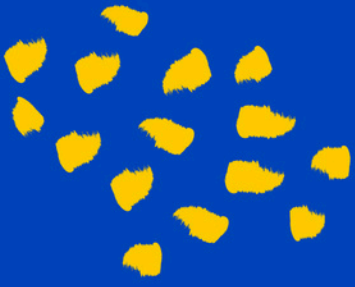
MISCELLANEOUS

Only certified drivers may drive camp vehicles.

Do not cut down other religious faiths.

WHAT TO BRING TO CAMP

- Athletic Shorts and T-shirts (15 - approx. 7 pairs – leggings for under shorts if desired).
- Swimsuit (modest one piece) and Flip -flops for showers.
- Underwear and socks (at least 7 pairs).
- 1 pair of long pants.
- Light jacket/sweatshirt.
- Rain Jacket/Poncho.
- Tennis shoes.
- Towels, washcloths, toiletries, and laundry bag.
- Phone and charger.
- Flashlight.
- Water bottle.
- Sunscreen and bug spray.
- Inexpensive watch that can get wet.
- Stethoscope is optional – we have stethoscopes in each health center.
- If coming with a group, bring a thermometer to check-in your group before you get to KAA.
- Bible, pen, and notebook.
- Cash or debit card.
- A teachable servant's heart with a cheerful attitude ready to show the love of Christ!



KAA

Kids Across America



Appendix A

Sexual Abuse and Awareness Test

Name _____ Date _____ Score _____

2. Physical indicators of child sexual abuse include the following EXCEPT:

- a) Difficulty walking or sitting
- b) Torn, stained or bloody underclothes
- c) Eats a bland, paleo meal plan
- d) Pain, itching or bruises in genital area

3. Which of the following activities is included in the definition of child sexual abuse?

- a) Sexual contact
- b) Indecent exposure
- c) Causing a minor to view pornographic images
- d) All of the above

4. In America, 28% of girls & 16% of boys will experience some form of sexual abuse before the age of 18.

- A) True
- b) False

5. When the offender is an adult, it is a male in what percent of incidents?

- a) 20-25%
- b) 50-55%
- c) 75-80%
- d) 85-90%

6. What is the average age of an offender when they first start abusing children?

- a) 32
- b) 8
- c) 14
- d) 65

7. The typical offender is a stranger that is unknown to the victim?

- a) True
- b) False

8. What percent of offenders reported that children had told, people discovered, but no one contacted authorities?

- A) 10%
- b) 52%
- c) 25%
- d) 90%

9. Which of the following actions taken by abusers is illegal?

- a) Gaining the trust of the child
- b) Filling a need of the child
- c) Isolating the child
- d) Sexualizing the relationship with the child

10. Which of the following is a Kids Across America Abuser Remedy?

- a) Screen out
- b) Opt out
- c) Monitor out
- d) Report out
- e) All of the above

11. Any one-on-one interactions with a minor must be done in a public place with others visible.

- a) True
- b) False

12. Which of the following are behavioral indicators of child sexual abuse?

- a) Advanced sexual knowledge or promiscuity
- b) Self-imposed social isolation
- c) Avoidance of physical contact
- d) All of the above

12. It is lawful to have sexual interaction with a minor (<18) as long as they consent as a willing participant?

- A) True
- b) False

13. The following are appropriate "Touch" in the code of conduct EXCEPT:

- a) Handshakes and high fives
- b) Intimate wrestling or tickling
- c) Short, congratulatory, or greeting side hugs
- d) Arm around the shoulders

24. Which of the following is part of the camper safe and secure orientation during the first day of camp?

- a) Avoiding one on one situations
- b) Good talk vs. bad talk
- c) Bullying
- d) Good touch vs. bad touch
- e) Reporting abuse
- f) All of the above

25. To prevent camper-to-camper abuse, which of the following is the best safeguard?

- a) Campers are allowed to arrange beds so that supervision by the Counselor is impossible.
- b) Older campers are allowed to spend unsupervised time with younger campers.
- c) Campers are prohibited from being alone with other campers or staff in isolated areas.
- d) Staff are not required to supervise all camper activities.

Appendix B

**BOY'S CABIN
LINEN/HYGIENE NEEDS –
ORDER FORM**

Locker# _____ Date/Time _____

Circle needed item(s) & write quantity needed.

Toothbrush: _____ Toothpaste: _____

Towels: _____

Fitted Sheet: _____ Flat sheet: _____

Blanket/cover (limited#): _____

HC Filled: _____

date/time

**BOY'S CABIN
LINEN/HYGIENE NEEDS –
ORDER FORM**

Locker# _____ Date/Time _____

Circle needed item(s) & write quantity needed.

Toothbrush: _____ Toothpaste: _____

Towels: _____

Fitted Sheet: _____ Flat sheet: _____

Blanket/cover (limited#): _____

HC Filled: _____

date/time

**BOY'S CABIN
LINEN/HYGIENE NEEDS –
ORDER FORM**

Locker# _____ Date/Time _____

Circle needed item(s) & write quantity needed.

Toothbrush: _____ Toothpaste: _____

Towels: _____

Fitted Sheet: _____ Flat sheet: _____

Blanket/cover (limited#): _____

HC Filled: _____

date/time

**BOY'S CABIN
LINEN/HYGIENE NEEDS –
ORDER FORM**

Locker# _____ Date/Time _____

Circle needed item(s) & write quantity needed.

Toothbrush: _____ Toothpaste: _____

Towels: _____

Fitted Sheet: _____ Flat sheet: _____

Blanket/cover (limited#): _____

HC Filled: _____

date/time

Appendix C

**GIRLS'S CABIN
LINEN/HYGIENE NEEDS –
ORDER FORM**

Locker# _____ Date/Time _____

Circle needed item(s) & write quantity needed.

Toothbrush: _____ Toothpaste: _____

Feminine Pack: _____ Towels: _____

Fitted Sheet: _____ Flat sheet: _____

Blanket/cover (limited#): _____

HC Filled: _____
date/time

**GIRLS'S CABIN
LINEN/HYGIENE NEEDS –
ORDER FORM**

Locker# _____ Date/Time _____

Circle needed item(s) & write quantity needed.

Toothbrush: _____ Toothpaste: _____

Feminine Pack: _____ Towels: _____

Fitted Sheet: _____ Flat sheet: _____

Blanket/cover (limited#): _____

HC Filled: _____
date/time

**GIRLS'S CABIN
LINEN/HYGIENE NEEDS –
ORDER FORM**

Locker# _____ Date/Time _____

Circle needed item(s) & write quantity needed.

Toothbrush: _____ Toothpaste: _____

Feminine Pack: _____ Towels: _____

Fitted Sheet: _____ Flat sheet: _____

Blanket/cover (limited#): _____

HC Filled: _____
date/time

**GIRLS'S CABIN
LINEN/HYGIENE NEEDS –
ORDER FORM**

Locker# _____ Date/Time _____

Circle needed item(s) & write quantity needed.

Toothbrush: _____ Toothpaste: _____

Feminine Pack: _____ Towels: _____

Fitted Sheet: _____ Flat sheet: _____

Blanket/cover (limited#): _____

HC Filled: _____
date/time

Appendix D

**CAMPER'S
NEEDS - ORDER FORM**

Locker# _____ Camp: KAA _____

Date/Time _____

Group Name _____

Camper _____

Circle needed item(s) & write quantity needed.

Shirt: 2X__ XL__ L__ M__ S__

Shorts: 2X__ XL__ L__ M__ S__

Swimsuit: 2X__ XL__ L__ M__ S__

Sweatshirt: XL__ L__ M__ S__

KST Picked up _____

Date/time

**CAMPER'S
NEEDS - ORDER FORM**

Locker# _____ Camp: KAA _____

Date/Time _____

Group Name _____

Camper _____

Circle needed item(s) & write quantity needed.

Shirt: 2X__ XL__ L__ M__ S__

Shorts: 2X__ XL__ L__ M__ S__

Swimsuit: 2X__ XL__ L__ M__ S__

Sweatshirt: XL__ L__ M__ S__

KST Picked up _____

Date/time

**CAMPER'S
NEEDS - ORDER FORM**

Locker# _____ Camp: KAA _____

Date/Time _____

Group Name _____

Camper _____

Circle needed item(s) & write quantity needed.

Shirt: 2X__ XL__ L__ M__ S__

Shorts: 2X__ XL__ L__ M__ S__

Swimsuit: 2X__ XL__ L__ M__ S__

Sweatshirt: XL__ L__ M__ S__

KST Picked up _____

Date/time

**CAMPER'S
NEEDS - ORDER FORM**

Locker# _____ Camp: KAA _____

Date/Time _____

Group Name _____

Camper _____

Circle needed item(s) & write quantity needed.

Shirt: 2X__ XL__ L__ M__ S__

Shorts: 2X__ XL__ L__ M__ S__

Swimsuit: 2X__ XL__ L__ M__ S__

Sweatshirt: XL__ L__ M__ S__

KST Picked up _____

Date/time

Appendix F



Physician Visit Form

KAA1 KAA2 KAA3 (circle one)

Date: _____ Time: _____ a.m./p.m. (circle one)

Allergies: _____

Camper/Staff Name _____ DOB: _____ (circle one)

Locker# _____ Group/Kaleo Name: _____

Chief Complaint: _____

Temp: _____ Pulse: _____ BP: _____ Respirations: _____

Physician Exam/Findings: _____

Impressions: _____

Back to activities: Yes Or No Rest/Restrictions: _____

Follow-up Plans/Orders: _____

MD Signature

Date/Time

MD Phone#

Other Instructions: _____

RN/LPN

Date/Time

Name of Kaleo Notified: _____ Kaleo Cell#: _____

Name of Parent Notified: _____ Notified by: (circle) Kaleo MD Nurse

Prescription filled: _____ Rx added to CT/MAR _____

Appendix G



Dear Parent/Caregiver,

We had a wonderful time here at Kids Across America! While here at Camp your child was placed on an antibiotic for _____ by one of our Camp physicians. Your child will need to continue this medication at home to complete the required days for this medication to complete its purpose.

Please follow the instructions below and thank you for entrusting us. We enjoyed caring for your child here at Kids Across America Camp.

Antibiotic: _____

Time to be given: _____

When to stop medication: _____

If you have questions or concerns, please contact your physician or the Health Center Coordinator at Kids Across America at 416-266-4000.

Sincerely,

Health Center Coordinator

Appendix H



Dear Parent/Caregiver,

Kids Across America (KAA) was a great experience this year with campers enjoying their time together with all the fun activities. I am sure your child will have much to tell you upon returning home.

Upon arrival to KAA, every camper has a health check which includes a check for head lice. We need to inform you that we unexpectedly discovered lice on your child and we treated her/him with lice shampoo on _____. Their bedding and clothes were washed as well. To prevent re-infestation, your camper will need to be retreated in 7 days (on _____). We are sorry for the inconvenience this may bring you.

If you have any questions or concerns, you may call 417-266-4000 and ask to speak with the Health Center Coordinator

Sincerely,

Health Center Coordinator

Appendix I



Dear Parent/Caregiver,

Kids Across America was a great experience this year and the campers especially enjoyed their time outdoors. Just like home, many times a camper encounters a few insects while outdoors. We found a tick that required removal from your child on . We feel there is no cause for alarm but would like to inform you of this occurrence.

It is important to remember that very few ticks carry disease. Also, if Lyme Disease is contracted, it can be treated effectively, especially when it is detected in the early stages. Again, it would be rare for Lyme Disease to occur. If your child exhibits a red circular rash, fever, or fatigue over the next 30 days, please consult your physician. If you have questions or want to discuss this further, please call your physician or the Health Center Coordinator at Kids Across America at 416-266-4000.

Again, this letter is written for the sole purpose of information and is NOT a cause for alarm.

Sincerely,

Health Center Coordinator

Appendix J

Account Charge Form

CIRCLE ONE: Kamper/Kaleo/Staff
CIRCLE ONE: KAA1/KAA2/KAA3/HG

Date_____ Name _____ Group _____
Illness/Injury
Description _____
Attending Doctor _____ Attending Nurse _____
Drug/Item _____ Quantity _____ Total Charge _____

Date_____ Name _____ Group _____
Illness/Injury
Description _____
Attending Doctor _____ Attending Nurse _____
Drug/Item _____ Quantity _____ Total Charge _____

Date_____ Name _____ Group _____
Illness/Injury
Description _____
Attending Doctor _____ Attending Nurse _____
Drug/Item _____ Quantity _____ Total Charge _____

Date_____ Name _____ Group _____
Illness/Injury
Description _____
Attending Doctor _____ Attending Nurse _____
Drug/Item _____ Quantity _____ Total Charge _____

Appendix K



REFUSAL OF TREATMENT

KAA1 KAA KAA3

Date: _____ Time: _____ a.m./p.m. Locker# _____

Camper/Staff Name _____ DOB: _____

Group/Kaleo Name: _____ Phone# _____

Emergency Contact Name: _____ Phone# _____

It is the policy of Kids Across America to give our camper/staff enough information about the purpose, importance, benefits, risks, and possible costs associated with proposed tests, referrals, or treatments, to enable patients and their families to make informed decision about their health.

However, patients have the right to refuse medical advice or treatment with permission/approval of guardian/parent, if a minor. If you choose to refuse the recommended medical advice or treatment of our medical practitioners, we are required to record your decision.

Please consider carefully:

Why do you want to refuse treatment against advice? Discuss this with your medical practitioner.

Is there a particular concern that can be addressed that will make you feel more comfortable, or come to a compromise with your medical practitioner's advice?

If you decide to refuse treatment, your medical practitioner will discuss with you and your guardian/parent, if a minor, any signs of deterioration to look for, what to do and when to return to the practice or seek medical advice.

You may also be given prescribed medications, prescriptions and/or a treatment plan.

- I declare that I am refusing the advised treatment of KAA's Medical Staff.
- I understand that the consequences of failing to follow the medical advice given to me might result in detrimental results to my health and possibly permanent damage to my health.

Patient's Signature: _____

Guardian/Parent Signature: _____

Witness: _____

Designation of Witness: _____

Date: _____ Time: _____

Medical Practitioner Signature: _____

Phone#: _____ Date/Time: _____

Name of Kaleo Notified: _____ Kaleo Cell#: _____

Name of Parent Notified: _____ Notified by: Kaleo MD Nurse

Appendix L

MEDICATION CARD

MY Child's/KAMPER'S MEDICATIONS

STEP 01 List all medications you are sending for your Child/Camper to be given while at Kamp and circle the time in which it is prescribed or normally taken at home. At Kamp, medication is given prior to meals and at bedtime.

STEP 02 Ensure that all medications are in their original pharmacy or manufacturer's labeled container. All prescription medication **MUST** have your child's/ Camper's name as the recipient on the prescription bottle. Any samples must be accompanied by a signed physician prescription. **** Please send ONLY the number of medications that your Child/Camper will need +1 while at Kamp.**

STEP 03 Sign and place this card in a re-sealable Ziploc bag with the medications and give to your child's/camper's group leader.

I have read and understand all the instructions on this card. The information on this form is correct and complete. I hereby give permission for the KAA Kamp Nurse to administer the medications as directed.

Parent/Guardian Signature

Date

MEDICATIONS

Camper Name: _____ Kamp _____

Medication Allergies: _____

Circle the time(s) of day medication is to be taken

MEDICATION:	B L
Special Instructions:	D HS Request
MEDICATION:	B L
Special Instructions:	D HS Request
MEDICATION:	B L
Special Instructions:	D HS Request
MEDICATION:	B L
Special Instructions:	D HS Request
MEDICATION:	B L
Special Instructions:	D HS Request
MEDICATION:	B L
Special Instructions:	D HS Request

Please note all medications must be in their original container. Please read complete instructions and sign on the reverse side

B=Breakfast L=Lunch D=Dinner

HS=Bed Time

Request=Only at Camper's Request

ATTENTION PARENTS:

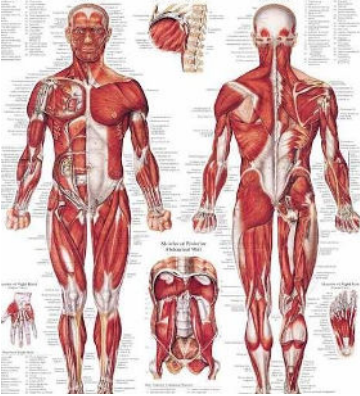
A completed Medication Card is required for all medication sent to Kamp. Please ensure that this form is completed, signed, and given to those bringing your child to KAA.

Appendix M

Employee's Report of On-the-Job Injury/Illness

To be completed by the employee only - please provide full details where applicable

Name of Employee: Last, First, Middle	Social Security #:	Phone Number:
Home Address: (Include Zip)	Date of Birth:	
	Hire Date:	Hire State:
Injury Reported to:	# of Dependents:	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>

Date of Your Injury:	Time of Your Injury: <input type="checkbox"/> am <input type="checkbox"/> pm	Time You Reported to Work: <input type="checkbox"/> am <input type="checkbox"/> pm
What job were you performing at the time of your injury?		
Please describe how your injury occurred – give complete details:		
Do you feel there was anything that could have been done to prevent your injury? Safety equipment, training, actions etc.		
What are your injuries and what part(s) of your body are affected? Be very specific in accordance with Missouri Workers' Compensation Statutes Section 287.020 RSMo. Please circle the body part affected.		
		
Please provide the names of anyone who may have witnessed your accident or injury & contact info:		

I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief, they are correct and true. Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a class D felony in accordance with Missouri Workers' Compensation Statutes Section 287.128 RSMo.

Employee's Signature

Date Signed

Supervisor's Signature

Date Signed

Retain a copy of this report and give the original to your Supervisor

Supervisor's Incident/Accident Investigation Report

To be completed by the supervisor only - please provide full details where applicable.

Full Name of Employee:	Name of Supervisor:	
Employee's Job Title	Employee's Hire Date	Employee's hourly wage
Did the employee request medical treatment?	Did the employee complete the Employee Incident/Accident Report?	
Did the employee return to work?	Has the injury been reported to the insurance carrier?	
Employer Address		

Date of Injury:	Time of Injury: <input type="checkbox"/> am <input type="checkbox"/> pm	Time the Employee Reported to Work: <input type="checkbox"/> am <input type="checkbox"/> pm
Job the employee was performing at the time of injury?		
Please describe how the injury occurred – give complete details:		
Do you feel there was anything that could have been done to prevent the injury? Safety equipment, training, actions etc.		
Was the employee utilizing any safety equipment? Describe.		
What injuries, symptoms, and part(s) of body are affected? Be very specific in accordance with Missouri Workers' Compensation Statutes Section 287.020 RSMo.		
Please provide the names of anyone who may have witnessed the accident or injury:		

I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief, they are correct and true. Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a class D felony in accordance with Missouri Workers' Compensation Statutes Section 287.128 RSMo.

Supervisor's Signature

Date Signed

Retain a copy of this report

Evaluation

Camp: _____ Session: _____

Please rate the Balance of Time/Information (considering time available)

1 = Too little time/info 3 = About the right amount 5 = Too much time/info

On site orientation: 1 2 3 4 5

Playbook: 1 2 3 4 5

Camp guidelines explained: 1 2 3 4 5

Questions answered: 1 2 3 4 5

Personal Growth/Spiritual Enrichment: 1 2 3 4 5

Nurses Devotional time: 1 2 3 4 5

How were you blessed during your time at KAA? _____

Was there anything difficult about your time here? _____

Any suggestions about how we could make your experience better? _____

What did the Health Center Coordinator do right? _____

How can Health Services improve? _____

Other comments: _____

Please rate the leadership of the HS Director: 1 = Needs Improvement 5 = Meets Expectation

Availability: 1 2 3 4 5

Encourager: 1 2 3 4 5

Knowledge: 1 2 3 4 5

Communication: 1 2 3 4 5

Leadership: 1 2 3 4 5

Crisis Mgmt.: 1 2 3 4 5

Positive attitude: 1 2 3 4 5

Kids Across America Health Center Peer Evaluation

KAA Camp seeks to provide an exciting sports camp adventure based on four main principles:

I'm Third - God First...Others Second...I'm Third.

Four Square Life—Jesus increased in wisdom, stature, and in favor with God and man (Luke 2:52).

Let Your Light So Shine—Let your light shine before men in such a way that they may see your good works, and glorify your Father who is in heaven (Matthew 5:16).

A Rock at a Time—Big things are accomplished one step at a time.

Your input is valuable for us to continue providing extraordinary care. Please take a moment to complete an evaluation for EACH of your Health Center co-workers and turn them into your camp office along with your commitment form for next summer.

Name of Health Center team member being evaluated: _____

Position (circle one): Physician PA NP MA RN/LPN Helper Asst

Camp: _____ **Session:** _____

Evaluated by: (optional) _____

Do they adhere to the above mission principles of KAA Camps?

Never 1 2 3 4 5 Always

Do they pursue Christ-like attributes in conversation, action, and spirit?

Never 1 2 3 4 5 Always

Do they treat campers and staff in a respectful and caring manner?

Never 1 2 3 4 5 Always

Are they knowledgeable and competent?

Never 1 2 3 4 5 Always

Would you feel confident leaving your loved ones in their care?

Never 1 2 3 4 5 Always

Comments: _____

Place form in inner office mail envelope to Ray Arechiga, Executive Director - turn into Camp Office.

DRIVING TO CAMP

GPS INSTRUCTIONS: Enter Bob's Lane, Golden, MO 65658 or coordinates 36 degrees lat. 40.3 min and 93 degrees longitude 29.8 min. Please phone 501-658-7505 for assistance.

Directions to KAA from the East via Branson, Missouri:

From Branson take Hwy 65 south 10 miles to Hwy 86. Turn west (right) onto Hwy 86, go ½ way around the roundabout to continue onto 86, merge right toward Lampe at the Blue Eye Burgers on the corner to continue onto 86, turn left towards Carr Lane to continue onto 86, continue straight past the Kanakuk Camps sign on left, go straight through the 4-way stop (get gas here if you need it), just past "Ball and Prier Tire" merge right onto J hwy towards Golden. Follow J hwy about one mile to RA, go straight onto RA (J hwy will curve to the left. Go straight). RA is a winding road. Be careful and just stay on it. Turn left just past brown house on left onto FR 1238 (watch for oncoming traffic) when making this left turn. You will start to see KAA signs. At the end of this road, you will come to a T in the road where you can only make a left or right turn, turn right onto FR2260. This road will wind down towards the left. You will pass a sign for Sunset View on the left, look for KAA sign on left and make the final left onto FR 1247. KAA gate entrance will be on the right.

Directions to KAA from the South via Little Rock, Arkansas

Take Hwy 65 North through Harrison, AR for 23 miles to Hwy 86 in Missouri. Turn west (left) onto Hwy 86 and follow directions given above once you are on 86.

Directions to KAA across I-44 from the West

Take I-44 east until you reach the Mount Vernon exit. Take Hwy 39 south 13 miles to Aurora. Stay on Hwy 39 south for another 33 miles until you reach Carr Lane. Turn west (right) onto Hwy 86. Stay on Hwy 86 for 14.3 miles to J. Follow the KAA signs into camp or the follow directions provided below:

Follow J hwy about one mile to RA, go straight onto RA (J hwy will curve to the left. Go straight). RA is a winding road. Be careful and just stay on it. Turn left just past brown house on left onto FR 1238 (watch for oncoming traffic) when making this left turn. You will start to see KAA signs. At the end of this road, you will come to a T in the road where you can only make a left or right turn, turn right onto FR2260. This road will wind down towards the left. You will pass a sign for Sunset View on the left, look for KAA sign on left and make the final left onto FR 1247. KAA gate entrance will be on the right.

Directions to KAA from the North via Springfield, Missouri

Take Hwy 65 south approximately 45 miles to Hwy 86. Turn west (right) onto Hwy 86, go 12 miles until you see Hwy 86 join with Hwy 13, turn right. Travel for approximately 3 miles until Hwy 86 turns west (left). Stay on Hwy 86 for 14.3 miles to J. Follow the KAA signs into camp or follow J hwy about one mile to RA, go straight onto RA (J hwy will curve to the left. Go straight). RA is a winding road. Be careful and just stay on it. Turn left just past brown house on left onto FR 1238 (watch for oncoming traffic) when making this left turn. You will start to see KAA signs. At the end of this road, you will come to a "T" in the road where you can only make a left or right turn, turn right onto FR2260. This road will wind down towards the left. You will pass a sign for Sunset View on the left, look for KAA sign on left and make the final left onto FR 1247. KAA gate entrance will be on the right.

FLYING TO CAMP

The following guidelines outline proper procedures for arranging transportation. Please read carefully.

Booking: We recommend booking your flight through Adellman Travel Agency (1-800-749-7116).

Shuttle is only available from: Springfield/Branson National (SGF) and Northwest Ark Regional (XNA)

Shuttle Service: E-Mail the Transportation Department transportation@kidsacrossamerica.org with the following information:

1. Name
2. Camp Assignment and position
3. Date of Birth (month/day/year)
4. Date of Travel
5. Airline
6. Flight Number
7. Arrival and/or Departure Time
8. Cell Phone Number

*You will receive an e-mail confirming your shuttle request.

Shuttle request must be made at least 5 days in advance and **flight times must be between 9:00am and 7:00pm.**

Shuttle cost: \$100, one way to/from SGF and XNA

Shuttle Pick-up: Go to commons area nearest Great Southern Travel and wait for a KAA representative. Your pick-up time may be coordinated with other reservations so you may encounter wait time.

Cancellations: All shuttle cancellations must be received in writing at least 5 days in advanced of your travel date or a \$25 fee will be assessed.

Payment: Call Stacey at 417-266-3138.

We look forward to working along-side you doing the Lord's work while meeting the needs of our campers and staff!

God Bless you and safe travels!

KAA Health Services