



Dear Camp Neidig Chairperson:

Thank you for serving as your club's Neidig Chairperson for this year's Camp Neidig program.

This letter is intended to make your job easier. On the back of this form there is an easy to use check list that ensures you will do a great job. Experience has shown that the steps outlined on the following page are the most efficient way to provide a successful camp experience for both your campers and your club. **Please read and follow these procedures carefully.** It is especially important that the **Club Reservation Form** and **Camper Reservation Forms** be completed by their **deadlines**.

This year all registrations must be completed on the Camp Neidig website:

- To register your club, go online to <https://forms.gle/BG3wSwDf5ZyXfJpC9>
Send your check separately for \$300 per camper, payable to "Rotary's Camp Neidig – District 7430" to:
Joyce Farmer
Rotary Club of Boyertown
P.O. Box 176
Boyertown, PA 19512
- To register your campers, go online to <https://forms.gle/e57GHGmMwBN5AZrH9>

Neidig Night BBQ dinner tickets are only available online and the **deadline to purchase tickets is the Friday one week prior to Camp**. See the Neidig Night BBQ information sheet for more details.

We are extremely proud to note that the Camp Neidig Program does not receive any money from the District. The Program is funded 100% by the small camper tuition charged to the clubs. The committee and staff have worked diligently to keep costs at a minimum and we feel the value of the camper experience is priceless. We hope you keep this in mind when we enforce our no refund policy after June 1st. We understand that emergencies and illnesses may cause a last-minute cancellation and we hope that you will be happy to know that your club's contribution helps to sustain an amazing Rotary Program.

Thank you for your support of Camp Neidig. Let's make this a great camp experience for our youth of today – the leaders of tomorrow!

Yours in Rotary,

Charles J. Incalcaterra, DMD
Co-Chairman, District 7430 Camp Neidig Committee
cjidmd@ptd.net

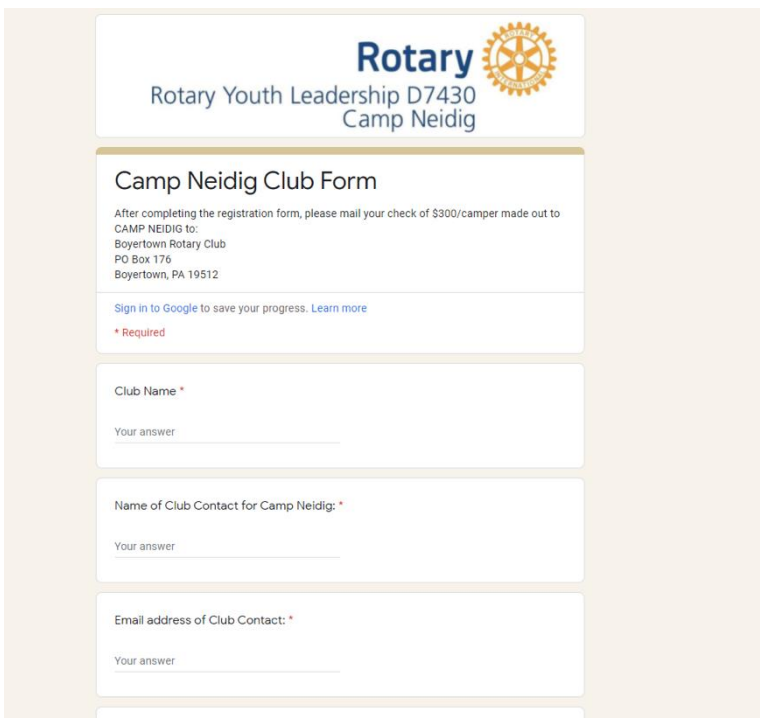
Wendy G. Body
Co-Chairman District 7430 Camp Neidig Committee
Wgbody@butz.com

Club Reservation Form

Instructions:

1. Fill out the online registration form at <https://forms.gle/BG3wSwDf5ZyXfJpC9>

Please note: Registration is not complete until payment is received!



2. Complete payment stub below and mail to:

Joyce Famer
 Rotary Club of Boyertown
 P.O. Box 176
 Boyertown, PA 19512

✂ ----- ✂ ----- ✂
Camp Neidig Club Payment

Club Name: _____

Payment of \$300 x _____ campers = \$_____ enclosed

Please note: Make checks payable to **Rotary's Camp Neidig – District 7430**
 NO Refunds after June 1st. Cancellations prior to June 1st have a \$50 fee per student.

Club Neidig Chairperson Information:

Name: _____

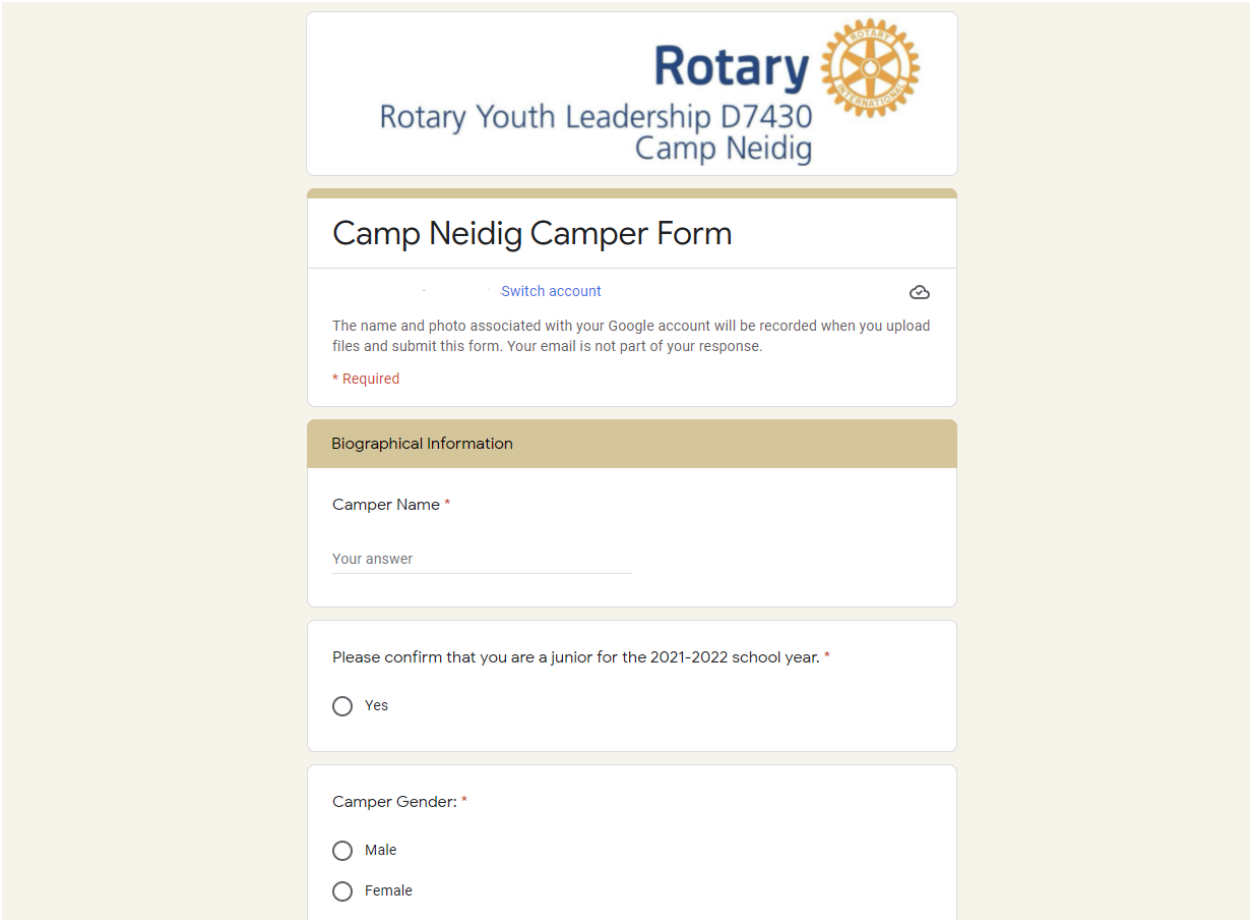
Phone Number: _____ Email Address: _____

Camper Registration Form

Don't forget: All campers must register online to complete their acceptance to Camp Neidig

Go to: <https://forms.gle/Jsj6F1xNopcKK5R29>

Please Note: *As part of registration, you must acknowledge that you know and will feel comfortable staying at Camp Manatawny for the duration of the Leadership Camp. Camp Manatawny was established in 1967 and has limited facilities. Communal cabins, bathrooms, and showering facilities are differentiated by gender and are not ADA-compliant due to age of facilities.*



The screenshot shows a Google Forms interface for the 'Camp Neidig Camper Form'. At the top, it features the Rotary logo and the text 'Rotary Youth Leadership D7430 Camp Neidig'. Below this is the form title 'Camp Neidig Camper Form' and a 'Switch account' link. A note states: 'The name and photo associated with your Google account will be recorded when you upload files and submit this form. Your email is not part of your response.' A section titled 'Biographical Information' contains three questions:

- Camper Name * (Text input field with 'Your answer' placeholder)
- Please confirm that you are a junior for the 2021-2022 school year. * (Radio button for Yes)
- Camper Gender: * (Radio buttons for Male and Female)

IMPORTANT CHAIRPERSON CHECKLIST

- Complete the online CLUB REGISTRATION FORM and mail payment along with the confirmation form to Joyce Farmer by May 1st.** Indicate the total # of students your club plans to send to camp. **The reservation fee of \$300 per camper must accompany each reservation.** This fee is **NON-refundable** after June 1st, \$50 cancellation fee before June 1. **ALL CAMPERS MUST BE REGISTERED BY FRI. JUNE 1ST**

- Contact the Principal or Director of Guidance at your high school(s) as soon as possible.** Ask him/her to recommend students **completing the 11th grade** who have exhibited leadership potential and who would benefit from advanced leadership training. You can also canvas the members of your club. Rotarians' children often make the best campers. Please note that **no campers are allowed to leave camp for any reason except for a family emergency.** (If they do have to leave for an emergency, they can only leave with their parent or guardian). This policy is **strictly enforced**, so make sure your student will be able to attend the entire camp.

- Make sure your name, club name, and phone numbers are on all student information packets.** Individual clubs have various methods of camper selection. Some leave the selection process entirely in the hands of school personnel, and some very hands-on clubs meet with and interview potential campers before making a selection. **However you handle the selection process, it is important that students and their parents know who you are and how to contact you.**

- Confirm the parent/guardian has completed the online Individual Registration Form by June 1st.** The students also need to make sure all information is completed on the health information form as well prior to attending camp. **This deadline is extremely important** for the District Committee to plan for a successful operation.

- Contact your campers and their parents.** Make sure they have reviewed and understand all the information in their packets. Encourage them to visit the website for new information and announcements. Answer any questions or concerns.

- Make sure your campers are aware of the Camper Health Examination Form!** A licensed physician **MUST** complete this form **within one month of camp**, and it **MUST accompany the student to camp**. Please note that **this form has several pages**. No students can be admitted to camp without this form!

- It's YOUR responsibility to see that students arrive at camp on Friday between 1 and 2:30 PM and has a ride home Monday Night.** The Camp program begins promptly at 3:00 PM! If your club transports the student, make sure all arrangements have been made. *(NOTE: in keeping with the District's safety policy, there should be at least three people in any car where a Rotarian is transporting a student to or from camp. No one-on-one interaction is permitted).* Campers are not permitted to have their own vehicles at camp. If parents are transporting the student, make sure every student has a ride. **Please do not arrive before 1 PM.**

- It's YOUR responsibility to see that each camper has a ride home after camp.** If the camper's parents are unable to bring him home, make sure the camper gets a ride with another camper or a Rotarian. It is extremely embarrassing to find a camper left without a ride home at the conclusion of camp.

- Encourage other Rotarians to attend Neidig Night.** Monday night is the culmination of camp. "Neidig Night" is held not only for the student, but also for the benefit of parents and Rotarians. Encourage you club president to designate this as you regular meeting for the week and get your members out for a great evening! Encourage spouses to come along and **invite the parents of the campers** to attend. This is a great way of exposing Rotary's activities to the public! Join the fellowship and family dinner and see a great program in action. Information on this dinner is enclosed with this packet. *(Neidig Night also often qualifies as a make-up meeting for Rotary)*

- Invite your campers to your Rotary club meeting.** After camp is over in June, invite your campers to return to your club with a report of their activities. Most clubs find this a very rewarding program, as it is a way to see tangible results for their dollars!



**EVERYTHING YOU NEED TO KNOW ABOUT CAMP NEIDIG
BUT WERE AFRAID TO ASK**

• **GENERAL**

Camp Neidig is a four-day leadership camp for High School Juniors that is sponsored by Rotary District 7430. The program is a combination of outside speakers and leadership problem solving activities. It culminates with Neidig Night which includes a chicken BBQ for families, staff and Rotarians, and the closing ceremonies which is designed by the campers and during which outstanding campers are recognized.

• **CAMP NEIDIG FACTS**

Location: Camp Manatawny, near Boyertown (map enclosed)

When: Starts between 1:00-2:30 pm on Friday, June 16^h
Ends on Monday, June 19th at 6:00 pm with Neidig Night – a chicken BBQ and closing ceremony

Cost: \$300 per camper

ON LINE REGISTRATION FOR YOUR CLUB AND CAMPERS!!

- To register your club, go online to <https://forms.gle/BG3wSwDf5ZyXfJpC9>
- To register your campers, go online to <https://forms.gle/Jsj6F1xNopcKK5R29>

Websites: www.campneidig.com – for the latest news on Camp Neidig, **including all forms and letters** for downloading. We encourage all campers, parents, and Camp Neidig Chairpersons to check our site on a regular basis for any important information.

www.manatawny.org - for information on the campgrounds, including directions.

• **QUESTIONS?**

Email any of the Camp Neidig Committee:

Co-Chair:	Charlie Incalcaterra	cjidmd@ptd.net	484-515-4119 (Cell)
Co-Chair:	Wendy Body	wendy.body@butz.com	610-972-5748 (Cell)
Treasurer:	Joyce Farmer	Joyce.Farmer@desales.edu	484-948-7876 (Cell)
Neidig Night:	Jill Meade	jmeade@certapro.com	

Camp Manatawny General Office 610-689-0173

IMPORTANT DEADLINES!

MAY 1 – CLUB REGISTRATION (completed online and check mailed to Joyce Farmer)

Indicate the total number of students your club plans to sponsor.

You must include a reservation fee of \$300 per camper.

This fee is non-refundable after June 1st. \$50 cancellation fee prior to June 1st.

JUNE 1 – Camper Registration (completed online)

Please review to make sure all information is complete.

JUNE 9 – CHICKEN BBQ TICKET ORDERS (*Complete online ONLY*)

For any Rotarians from your club who wish to attend – don't forget yourself! – and any tickets you want to purchase for campers' families. **Do not include campers – it is included in their camp fee.**

If your club does not purchase tickets for campers' families, you should follow up with them to see that they order by the deadline. Vegetarian patties on a roll are also available at the same price. Tickets are \$20 each.

Order tickets online at <http://neidigbbq2023.eventbrite.com/>

***** Deadline to order tickets is the FRIDAY one week prior to the start of camp. *****

A limited number of tickets may be available for purchase at the BBQ.
Problems? Questions? Call Jill at 610-655-7575 or email at jmeade@certapro.com

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american **CAMP** association®

ROTARY DISTRICT 7430 – CAMP NEIDIG

IMPORTANT: DO NOT SEND FORMS TO CAMP AHEAD OF TIME. BRING THE COMPLETED FORMS 1 & 2 ALONG TO CAMP

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
Relationship to Camper
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
Relationship to Camper
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
Relationship to Camper

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper is lactose intolerant. This camper is gluten intolerant.
 Other, *please explain in space.*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
 Subscriber _____ Insurance Company Phone Number (____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name _____
 First _____ Middle _____ Last _____
 (For Camp Use) Cabin or Group _____
 (For Camp Use) Session Code(s): _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

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)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						
COVID-19						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
------------------------	-------------	-----------------------------------	-----------------------------------

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimate) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First

Middle

Last

Birth Date: _____

Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____

Phone: (_____) _____

Name of dentist(s): _____

Phone: (_____) _____

Name of orthodontist(s): _____

Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Recommendations for Licensed Medical Personnel

FORM 2

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses



Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Camper Name _____ First _____ Middle _____ Last _____ (For Camp Use) Cabin or Group _____ (For Camp Use) Session Code(s): _____

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- | | |
|--|--------------------------------------|
| Acetaminophen (Tylenol) | Calamine lotion |
| Ibuprofen (Advil, Motrin) | Bismuth subsalicylate (Pepto-Bismol) |
| Phenylephrine (Sudafed PE) | Laxatives for constipation (Ex-Lax) |
| Pseudoephedrine (Sudafed) | Hydrocortisone 1% cream |
| Chlorpheniramine maleate | Topical antibiotic cream |
| Guaifenesin | Calamine lotion |
| Dextromethorphan | Aloe |
| Diphenhydramine (Benadryl) | |
| Generic cough drops | |
| Chloraseptic (Sore throat spray) | |
| Lice shampoo or scabies cream (Nix or Elimite) | |

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____) Month/Day/Year

ACA accreditation standards specify physical exam within the last 12 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

- To foods (*list*):
- To medications: (*list*):
- To the environment (*insect stings, hay fever, etc. - list*):
- Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions:(describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____