

Camp Felix 2021

Application Instructions for New Campers

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INSTRUCTIONS FOR NEW APPLICANTS:

To register a camper for Camp Felix 2021, parent/guardian must have access to a computer, tablet or mobile phone and follow these steps:

- 1) Open internet browser and go to app.campdoc.com/register/campfelix
- 2) Welcome window will appear with instructions. Click on "Sign Up" to get started.

CampDoc.com

New York Foundling Camp Felix

Welcome to Camp Felix! If this is your first time visiting, please click on "Sign Up". If you are returning, you can simply log in.

Email Address

Password

[Forgot your password?](#)

LOG IN

OR

SIGN UP

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- 3) You will then be prompted to add an email address, re-enter/confirm the email address, create a password, and confirm that password. Please, write down this password so that you can use it to log back in when needed.

New York Foundling Camp Felix

Welcome to Camp Felix! If this is your first time visiting, please click on "Sign Up". If you are returning, you can simply log in.

Enter your information below to set up your new account. If you need help, [please visit our support page.](#)

* Email

* Confirm Email

* Password

* Confirm Password

CONTINUE

BACK TO LOGIN

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- 4) Next, you will be prompted to complete this page where you will enter the parent/guardian contact information (whichever parent/guardian the child is currently living with).

i Before continuing, please verify your contact information below:

* Your First Name: * Your Last Name:

* Phone Number:

* Mailing Address:

[UPDATE](#)

- 5) Next, you will be prompted to complete the “New Participant” page where you must enter the camper’s information.

New participant

i Please enter the camper's information here.

* First Name Middle Name * Last Name

* Date of Birth

[CONTINUE](#)

- 6) After you click “Continue”, you will be directed to the Registration page where you can register for the General Application session. This registration will allow you to complete the Camper Profile next. After the Camper Profile is 100% completed, the camper will be placed into the preferred camp sessions (based on availability). On the left side, you can click on “ + New Participant” to add sibling(s). Instructions for this are on page 17.

CampDoc Participants at New York Foundling Camp Felix Jan

Jane Doe
Jean Doe
John Doe
John Doe
Mary Doe

Registration
Camper Profile
Labels

[+ NEW PARTICIPANT](#)

Registration

Thank you for your interest in Camp Felix! To be eligible for Camp Felix, children must be current or prior clients of the New York Foundling or Haven Academy and between the ages of 8 and 13 (if first time campers) and 14-15 (if returning campers).

Please, click on “Register for a New Session” below to access the General Application Session which will allow you to complete the registration process. Once everything is completed, the camper will be placed into the preferred Camp Sessions (based on availability).

If you require assistance with this application or if you have any questions, please contact Jane Feyder-Siegel at 646-660-4849.

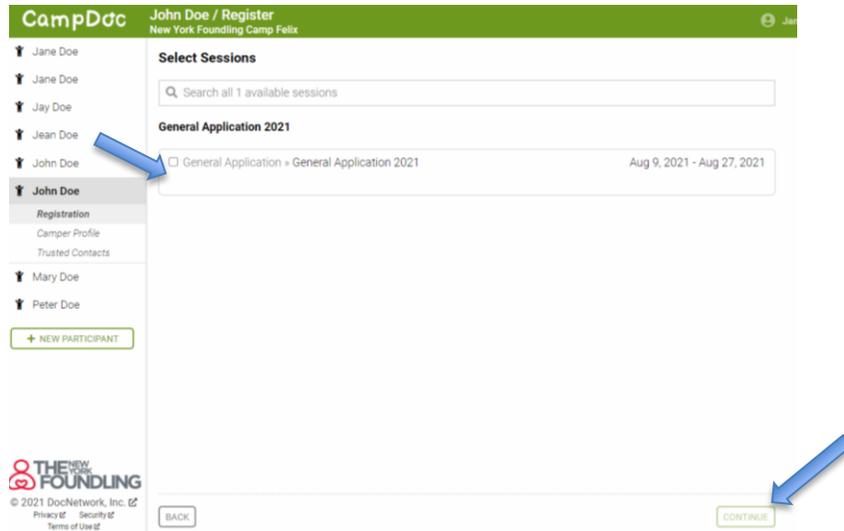
i Registrations for Mary are listed below. You may select a registration to view additional details, including camp contact information. You may also select additional add-ons.

Mary is not currently registered for any upcoming sessions.

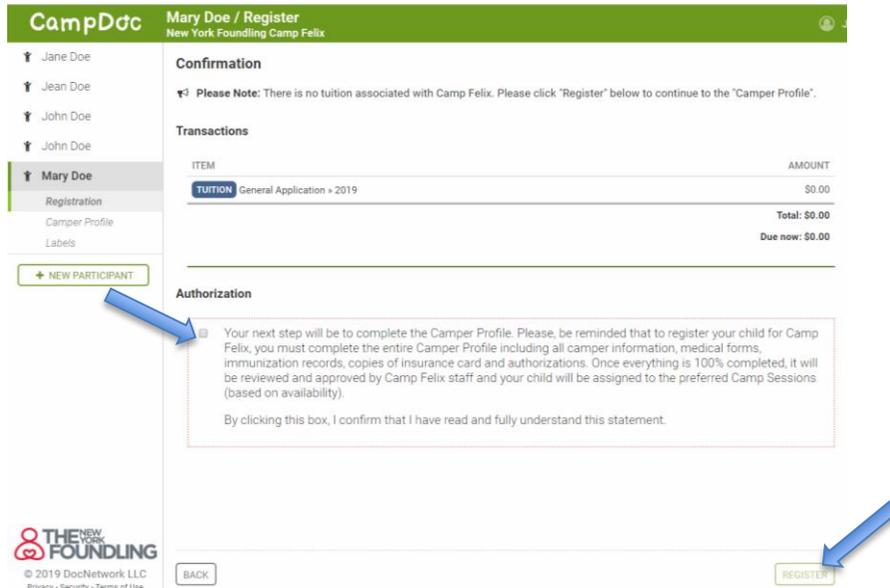
[REGISTER FOR A NEW SESSION](#)

NOTE: Instructions for adding new participant will follow later in this guide.

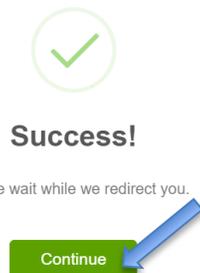
- 7) When you click on “Register for a New Session” the General Application 2021 will be listed. Please, select this session and click “CONTINUE.”



- 8) The next screen will confirm your registration and ask you to read and check the box next to authorization statement. Once you have read this statement and checked the box next to it, you can click on the REGISTER button below.



- 9) Once you click REGISTER, a message will say “Success!” Click on Continue button and it will automatically bring you to the “Camper Profile” page.



10) The **Camper Profile** page is where all questions about the camper must be answered. On the right, you will see the various sections with red dots next to them. The **RED** dot means that it's not completed. A **GREEN** checkmark will appear once it's complete. Each section must be completed in order to complete registration for the camper. Make sure to read the helpful tips listed below and note that the deadline for completing this profile is **June 18th**. To get started, click CONTINUE.

CampDose John Doe / Camper Profile
New York Foundling Camp Felix

Jane Feyder-Siegel

Camper Profile

Welcome to the Camper Profile for John Doe! For camp-specific questions, please contact Jane Feyder-Siegel at (212) 660-1321 or jane.feyder@nyfoundling.org.

Here are some tips to get you started:

- Your answers will save as you type them. You do not have to complete the entire camper profile at once.
- You can navigate between steps by clicking the **Previous Step** or **Next Step** buttons at the bottom of the page. You may also jump between steps by clicking the step name on the right of the page.
- The camper profile for John should be completed by **June 18, 2021**.
- If there are any changes to the information for John after you have completed this camper profile, you may update their records through **August 26, 2021**.
- On **August 27, 2021** this profile will be locked and you will not be able to make further changes unless approved by New York Foundling Camp Felix.

John Doe
Apr 1, 2008

- Contact Information
- Case Planner/Supervisor Contact Information
- Camper Information
- Camper Health Information
- Diet & Activity
- Allergies
- Medication Information
- Immunizations
- Insurance
- Healthcare Providers
- Medical Evaluation Form
- Income Eligibility Form
- Authorizations

DATES
Due: June 18, 2021
Lockout: August 27, 2021

CONTACT
Jane Feyder-Siegel
(212) 660-1321
jane.feyder@nyfoundling.org

Information Saved

CONTINUE →

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11) The first section is the **Contact Information** section where you will need to type in camper information, parent/guardian information, Emergency Contact information, indicate your session preferences, and select a bus pick up/drop off location.

CampDose Jane Jones / Camper Profile
New York Foundling Camp Felix

Jane Feyder-Siegel

Camper Information

* Preferred Name
Jane Jones

* Which gender does the camper identify as?
Female

* Street Address
590 Avenue of the Americas

* City

* State/Province
State/Province

* Zip/Postal

Jane Jones
Mar 2, 2008

- Contact Information
- Case Planner/Supervisor Contact Information
- Camper Information
- Camper Health Information
- Diet & Activity
- Allergies
- Medication Information
- Immunizations
- Insurance
- Healthcare Providers
- Medical Evaluation Form
- Income Eligibility Form
- Authorizations

DATES
Due: June 7, 2019
Lockout: August 23, 2019

CONTACT
Jane Feyder-Siegel
(212) 660-1321
jane.feyder@nyfoundling.org

7% Complete / Last saved a few seconds ago

NEXT STEP

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NOTE: A red outline means that it's a mandated field that must be filled out. As you type in information, it will turn green.

- 12) Make sure you select your preferred camp sessions (Monday through Friday only). Campers can sign up for a maximum of two sessions, but the second session will only be assigned if there is room. We have 3 one-week sessions available for your child: Sessions 1 – Aug 9-13, Session 2 - August 16-20, and Session 3 – August 23-27. Your preferred session will be assigned after the camper profile is 100% completed (based on availability).

Select your session preferences here. Two sessions maximum.

Session Preference

❗ Campers may register for a maximum of two (2) one-week sessions. Each session is *Monday through Friday only*.

* Please select the first session you want your child to attend.

Session 1 (8/9-8/13)

* If applicable, please select the second session you want your child to attend.

If applicable, please select the second session you want your child to attend.

Session 1 (8/9-8/13)
 Session 2 (8/16-8/20)
 Session 3 (8/23-8/27)

- 13) Once the section is completed, you will see a green checkmark next to Contact Information section on right hand side and you can click NEXT STEP to move onto next section.

CampDoc.com Jane Doe / Camper Profile
 New York Foundling Camp Felix

Jane Doe
 Registration
 Camper Profile
 Protection Plan
 John Doe
 + NEW PARTICIPANT

* City
 long island city

* State/Province
 New York

* Zip/Postal
 558887777

* Preferred Phone Number
 2456669898

* Authorized pick up for camper?
 Yes No

Bus Pick Up/Drop Off Location

* Please indicate your preference for pick up and drop off location:
 Manhattan (590 Avenue of the Americas)

* Is there anyone not authorized to pick up or receive camper?
 Yes No

* Who? Please provide their name and relation to child.
 John Smith - father

6% Complete / Last saved a few seconds ago

Jane Doe
 Feb 3, 2007
 Contact Information
 NYF Caseworker/Supervisor
 Contact Information
 Camper Information
 Camper Medical Information
 Additional Health Information
 Diet & Activity
 Allergies
 Medications - Camper
 Medications - Staff
 Immunizations
 Insurance
 Healthcare Providers
 Medical Evaluation Form
 Income Eligibility Form
 Authorizations

DATES
 Due: June 1, 2018
 Lockout: July 23, 2018

CONTACT
 Jane Feyder-Siegel
 (212) 660-1321
 jane.feyder@nyfoundling.org

PRINT

NEXT STEP

- 14) The next section is the **Caseworker and Supervisor** section. First, you must check the YES where it asks if your child is a current or prior NYF or Haven Academy client. Remember - if your child is NOT a current or prior client of NYF or Haven Academy, they are not eligible for Camp Felix. Once you click YES, you will then need to indicate the borough, program, case planner/Haven staff member and supervisor contact information. Once all information is filled in, click NEXT STEP.

CampDoc Mary Doe / Camper Profile
 New York Foundling Camp Felix

Jane Doe
 Jean Doe
 John Doe
 John Doe
 Mary Doe
 Registration
 Camper Profile
 Labels
 + NEW PARTICIPANT

Case Planner/Supervisor Contact Information

Is the camper a current or prior client of the New York Foundling or Haven Academy?
 Yes No

* Borough
 Borough

* Program Name
 Program Name

* Will the case be closed before the start of camp?
 Will the case be closed before the start of camp?

* Are you currently working with an NYF Case Planner or a Haven staff member?
 Yes No

Mary Doe
 Feb 4, 2007
 Contact Information
 Case Planner/Supervisor
 Contact Information
 Camper Information
 Camper Health Information
 Diet & Activity
 Allergies
 Medication Information
 Immunizations
 Insurance
 Healthcare Providers
 Medical Evaluation Form
 Income Eligibility Form
 Authorizations

If the case is already closed, then select Case Closed/NA from Borough and Program drop down menu, indicate month/year that case was closed, click on NO under Caseworker Information, and then click NEXT STEP.

15) The next section asks about important information regarding the camper – his/her grade/age, interests, personality traits, etc. Please complete fully. Once complete, click NEXT STEP.

CampDoc.com Jane Doe / Camper Profile
New York Foundling Camp Felix

Camper Information

The following information helps us make camp the best experience for your child. Please complete fully

General Camper Information

* Is this your first time attending Camp Felix?
Yes No

* What grade will the camper be starting in Fall 2018?
4th Grade

* How old will the camper be at the start of camp?
10

* Is the camper in foster care?
Yes No

* How long has he/she been in current foster home?
1 year

* Please list the camper's responsibilities at home.
sweeping, cleaning

* Has the camper been away from home for more than two days?

20% Complete / Last saved a few seconds ago

Jane Doe
Feb 3, 2007

- Contact Information
- NYF Caseworker/Supervisor
- Contact Information
- Camper Information**
- Camper Medical Information
- Additional Health Information
- Diet & Activity
- Allergies
- Medications - Camper
- Medications - Staff
- Immunizations
- Insurance
- Healthcare Providers
- Medical Evaluation Form
- Income Eligibility Form
- Authorizations

DATES
Due: June 1, 2018
Lockout: July 23, 2018

CONTACT
Jane Feyder-Siegel
(212) 660-1321
jane.feyder@nyfoundling.org

PRINT

PREVIOUS STEP NEXT STEP

Continue filling out the entire section until you see green check mark, then click NEXT STEP at bottom.

16) The next section is the **Camper Health Information** which asks for important information about the camper’s physical and mental health. Please complete fully.

CampDoc Mary Doe / Camper Profile
New York Foundling Camp Felix

Health History

* Does your camper have any serious illnesses, diseases, or disorders?
Yes No

* Does your camper have any serious injuries?
Yes No

Additional Health Questions

Does your child get frequent ...

* Ear Infections?
Yes No

* Please specify.

* Urinary Tract Infections?
Yes No

7% Complete / Last saved a few seconds ago

Mary Doe
Feb 4, 2007

- Contact Information
- Case Planner/Supervisor
- Contact Information
- Camper Information
- Camper Health Information**
- Diet & Activity
- Allergies
- Medication Information
- Immunizations
- Insurance
- Healthcare Providers
- Medical Evaluation Form
- Income Eligibility Form
- Authorizations

DATES
Due: June 7, 2019
Lockout: August 23, 2019

CONTACT
Jane Feyder-Siegel
(212) 660-1321
jane.feyder@nyfoundling.org

PRINT

PREVIOUS STEP NEXT STEP

If you answer YES to a question, a box will open up asking for provide additional information about the child's health. Please, provide more details in that box.

Please, be as detailed as possible when answering questions about your child's physical and mental health. It is vital that you provide as much information as possible so that we can be well prepared to work with this child at camp and ensure that they have the best possible experience.

Mental, Emotional, and Social Health

Is the camper currently being treated for any of the following:

* ADHD
 Yes No

* Please specify.
takes medication daily

* Behavior Disorder
 Yes No

* Personality Disorder
 Yes No

* Eating Disorder
 Yes No

* Trauma from Abuse/Neglect
 Yes No

* Please specify.
experienced abuse in the past, is seeing a therapist

* Other emotional/behavioral difficulties?
 Yes No

* Please specify.
can sometimes get very angry

Additional Mental, Emotional, and Social Information

Is the camper currently seeing a mental health professional?
 Yes No

* Name (First & Last)
Dr. John Jones

* Phone Number
5552224545

Has the camper experienced any type of abuse in the past?
 Yes No

* Physical?
 Yes No

* Please explain
physical punishment/abuse from step father when he was little.

* Emotional?
 Yes No

* Please explain
verbal abuse from step father, witnessed domestic violence

* Sexual?
 Yes No

Has the camper had issues with running away?
 Yes No

If child is seeing a therapist, please provide therapist contact information.

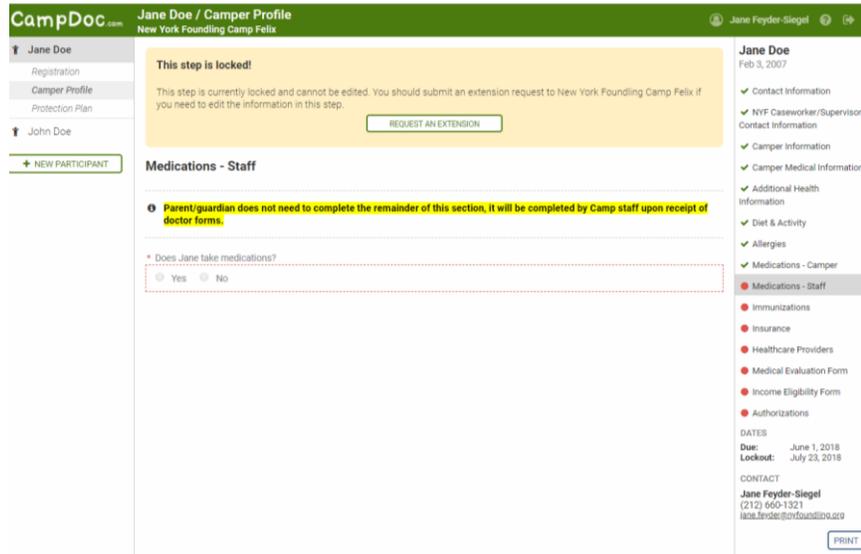
Each box that says **Please Explain** must be filled in. Provide as much info as possible.

17) The next section asks about **Diet and Activity limitations**. Please indicate if child has any dietary restrictions or activity limitations. Once complete, click NEXT STEP at the bottom.

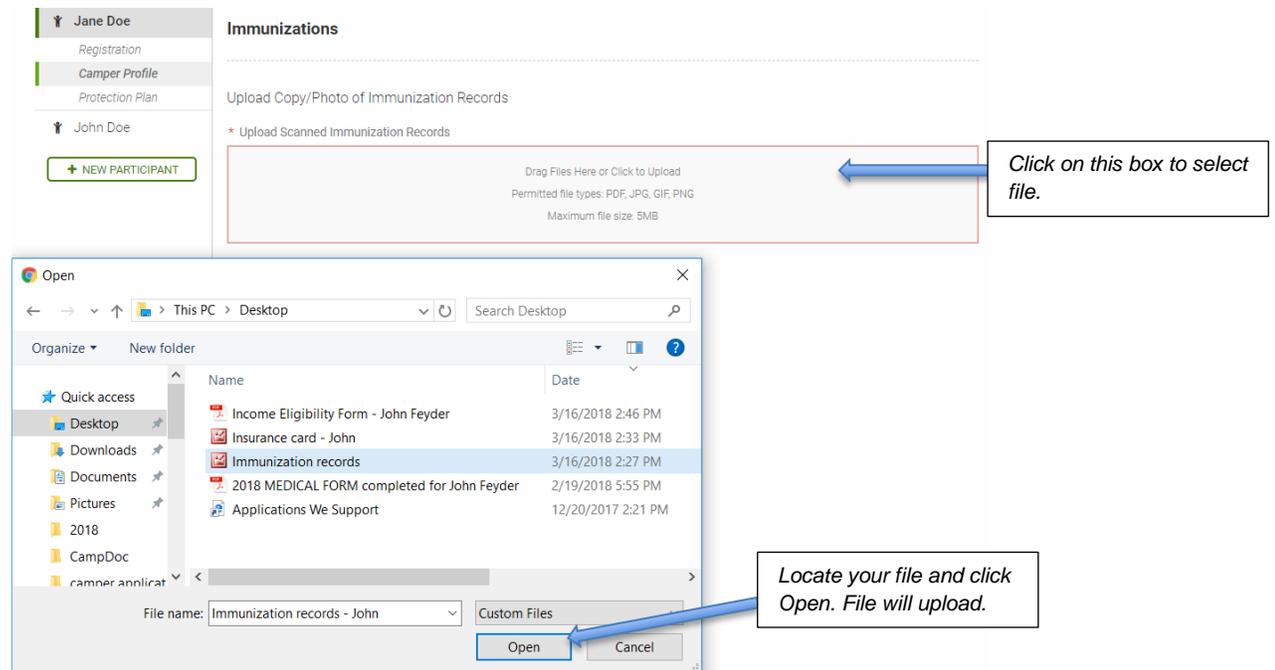
18) The next section asks about the **camper's allergies**. If the child has no allergies, you will simply click NO for each question and move onto the next step.

If your child does have allergies, you will need to fill in information about what he/she is allergic to, what the allergic reaction is, and if there's a risk of anaphylaxis. Each line has a drop down menu, but if you don't see your option there you can type it in. You can make as many selections in the REACTION field as needed (i.e. if camper has many reactions such as cough and swelling and rash). Once you type in all the allergy information, you will click SAVE ALLERGY. You can add as many allergies as needed.

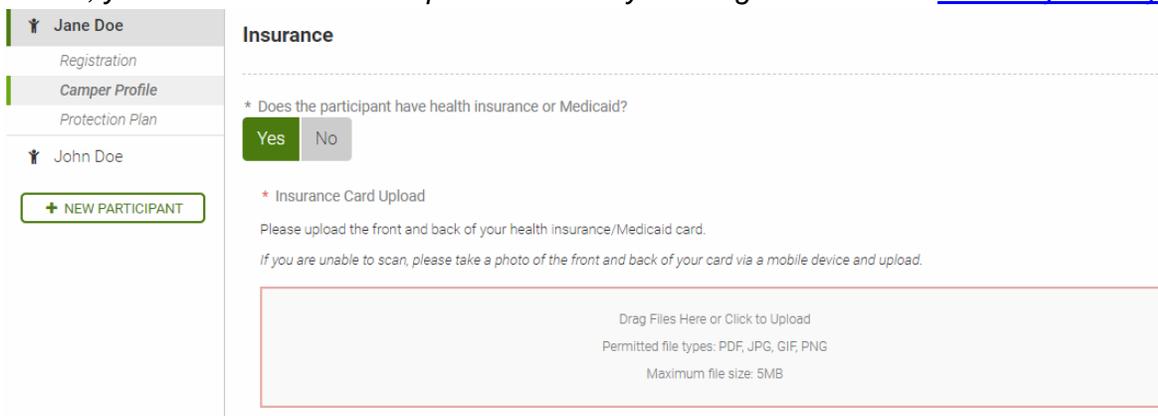
19) The next section **DOES NOT NEED TO BE FILLED OUT! JUST SKIP IT!** Camp staff will fill this out upon receipt for Doctor Forms. Just lick NEXT STEP and move onto next section.



20) The next section is where you will need to upload a copy of the child's **Immunization Records**.



21) The next section is where you will need to upload a copy or photo of the child's **Health Insurance Card** (both front and back please). Follow same instructions as above. *****Please note that if upload method is not convenient, you can also send the copies to Jane Feyder-Siegel via email to Jane.Feyder@nyfoundling.org.**



This is what it will look like when file is uploaded (the box will no longer be outlined in red, and green check mark will appear on the right side next to Insurance section):

The screenshot shows the CampDoc interface for Jane Doe's profile. The left sidebar lists navigation options: Jane Doe (selected), Registration, Camper Profile, Protection Plan, and John Doe. Below these is a '+ NEW PARTICIPANT' button. The main content area is titled 'Insurance' and contains a question: '* Does the participant have health insurance or Medicaid?' with 'Yes' and 'No' radio buttons. Below this is the 'Insurance Card Upload' section, which includes instructions to upload the front and back of the card. A callout box with the text 'Here's your uploaded file!' points to a thumbnail of an uploaded insurance card. The right sidebar shows a checklist of tasks, with 'Insurance' checked and highlighted in grey. Other tasks include Contact Information, NYF Caseworker/Supervisor Contact Information, Camper Information, Camper Medical Information, Additional Health Information, Diet & Activity, Allergies, Medications - Camper, Medications - Staff, Immunizations, Healthcare Providers, Medical Evaluation Form, Income Eligibility Form, and Authorizations.

22) The next section asks for contact information for the **child's doctors**. The dentist information is optional. The physician information is mandatory.

The screenshot shows the CampDoc interface for Jane Doe's profile, specifically the 'Healthcare Providers' section. The left sidebar is the same as in the previous screenshot. The main content area is titled 'Healthcare Providers' and contains two sections: 'Primary Care Provider' and 'Dentist'. Each section has a 'Name' field and a 'Phone Number' field. The Primary Care Provider fields contain 'Dr. Physician' and '5254444444'. The Dentist fields contain 'Dr. Dentist' and '2225554545'. The right sidebar shows a checklist of tasks, with 'Healthcare Providers' checked and highlighted in grey. Other tasks include Contact Information, NYF Caseworker/Supervisor Contact Information, Camper Information, Camper Medical Information, Additional Health Information, Diet & Activity, Allergies, Medications - Camper, Medications - Staff, Immunizations, Insurance, Medical Evaluation Form, Income Eligibility Form, and Authorizations. At the bottom of the sidebar, there are 'DATES' listed: 'Due: June 1, 2018' and 'Last updated: July 22, 2018'.

23) The next section is where you will need to download the **Medical Evaluation Form**, take it to the child's doctor so that he/she can fill it out and sign it (2 pages total). Once those two pages are completed by the doctor, you will need to upload them in this section of the camper profile. ***These forms can also be obtained from Jane.Feyder@nyfoundling.org.

CampDoc Mary Doe / Camper Profile
New York Foundling Camp Felix

Medical Evaluation Form

Please download the doctor forms by clicking "Download Template" below. Pages 1 and 2 must be completed and signed by the child's primary doctor.

Once completed, please scan and upload the two pages here.

Camp Felix DOES NOT accept any outside medical forms, please make sure to submit ONLY the designated Camp Felix Medical Forms

* Medical Evaluation Form

Please click "DOWNLOAD TEMPLATE" to download the three required documents. Once the three documents have been completed by the physician, please upload those here.

DOWNLOAD TEMPLATE

Drag Files Here or Click to Upload
Permitted file types: PDF, JPG, GIF, PNG
Maximum file size: 5MB

Once completed, upload the forms here.

Download forms here.

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24) The next section is **ONLY** for campers who are NOT in foster. If your camper is in foster, you will simply answer YES and move onto the next section. If your camper is NOT in foster care, then you will need to download the **Income Application form**, complete the 2nd page (first page is instructional only), and then upload it into this section. ***This form can also be obtained from Jane.Feyder@nyfoundling.org.

CampDoc Jane Doe / Camper Profile
New York Foundling Camp Felix

Jane Feyder-Siegel

Jane Doe
Feb 3, 2007

Income Eligibility Form

* Is the camper in foster care?
Yes No

* Income Eligibility Form

Please download, print, and complete the following Income Eligibility Form. This will need to be scanned and uploaded back to this section once signed and completed. Please click "DOWNLOAD TEMPLATE" below for the Income Eligibility Form.

DOWNLOAD TEMPLATE

Drag Files Here or Click to Upload
Permitted file types: PDF, JPG, GIF, PNG
Maximum file size: 5MB

- ✓ Contact Information
- ✓ NYF Caseworker/Supervisor Contact Information
- ✓ Camper Information
- ✓ Camper Medical Information
- ✓ Additional Health Information
- ✓ Diet & Activity
- ✓ Allergies
- ✓ Medications - Camper
- Medications - Staff
- ✓ Immunizations
- ✓ Insurance
- ✓ Healthcare Providers
- ✓ Medical Evaluation Form
- Income Eligibility Form

25) The next section is the **Authorizations** section. VERY IMPORTANT! This is where the **BIOLOGICAL PARENT** (or NYF Director/AVP/VP if child is freed for adoption) must accept several consents and complete electronic signatures.

If the person completing this Camper Profile is NOT the biological parent or designated NYF representative, then a paper Authorization Form can be downloaded, signed on paper, and uploaded back into the profile.

Once signed, please upload the authorization form here.

Click here to download the paper authorization form.

If the person completing the Camper Profile IS the biological parent or NYF representative who can legally sign/consent for the child, the entire consent can be done electronically.

The first is the **Photo Consent** – we take many photos/videos at camp and we need the parent's consent. If the parent does not want photos/videos taken of their child, they will click DECLINE SECTION. If they agree to photos/videos taken of their child, they will click ACCEPT SECTION. Then, they will type in their name and click SIGN AUTHORIZATION.

Click Accept or Decline section, then type in name and relationship below and click on SIGN AUTHORIZATION

Next is the **HIPPA Privacy Statement** where the parent must type in the name of the child's healthcare provider, click **ACCEPT SECTION**, type in name and relationship to child and click **SIGN AUTHORIZATION**.

HIPPA Privacy Statement

* Name of Medical Practice

HIPPA PRIVACY STATEMENT: PERMISSION TO RELEASE CONFIDENTIAL HEALTH INFORMATION

I give the named medical practice above permission to release confidential health information to **CAMP FELIX** regarding this camper.

ACCEPT SECTION

* Parent/Guardian Signature * Relationship

SIGN AUTHORIZATION

Next is a long list of bullets that the parent must read and consent to by clicking **ACCEPT SECTION**, then typing in their name and relationship to child and then click **SIGN AUTHORIZATION**.

GENERAL CONSENT:

- I hereby apply for admission of my child to Camp Felix of the NY Foundling. In signing this application, I certify that he/she is healthy and free of problems that could adversely affect his or her stay or that of other campers at Camp Felix.
- I have been informed of all camp requirements for Camp Felix of the NY Foundling including the rights of campers and parents. I grant permission for the applicant to participate in all planned camp activities.
- I understand that my child must comply with the camp's rules and standards of conduct and that the organization may terminate my child's participation in the camp program if he or she does not follow these rules and standards or if the camp director deems such action necessary.
- I hereby grant Camp Felix of the NY Foundling and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety.
- In the event of serious illness, accident or other emergency, I authorize any duly licensed physician, nurse, or qualified medical personnel of any hospital or clinic to render such medical care and treatment as may be deemed necessary for the health and safety of my child.
- I freely give permission to my child's health care providers (including without limitation physicians, physician's assistants, clinical nurse practitioners, RNs, RDs, therapists, psychologists, etc.) to release information pertaining to my child to Camp Felix of the NY Foundling.
- My child has my permission to leave the campsite on occasional trips to nearby points of interest as part of the camp program under the supervision of the Camp Staff.
- I agree to pay all charges for hospital, nursing, medical and surgical services incurred by or on behalf of my child in excess of any amounts covered by insurance.
- I authorize the appropriate representative of Camp Felix of the NY Foundling, Inc. to release the information concerning my health insurance to any provider of medical services to my child.
- In consideration of the acceptance of this application for the attendance of my child in the Camp Felix of the NY Foundling camp program, I agree not to assert any claims on behalf of myself or my child against the NY Foundling or the Catholic Youth Organization or the Archdiocese of New York, their officers, agents or employees/volunteers arising out of any injury, illness or other damage which my child may sustain while traveling to or from camp or while at camp nor resulting from the negligence of the NY Foundling or the Catholic Youth Organization or the Archdiocese of New York, their officers, agents or employees/volunteers. I agree to release, indemnify and hold harmless from such claims the above-mentioned organizations and individuals.
- I understand that visiting campers during the camp period is not permitted and that telephone calls will be made only in case of emergency to the camp director, not to my child.
- I authorize the NY Foundling, CYO, Archdiocese of New York and The Felix Organization to take and use photographs, slides, video tapes of and/or comments made by my child and that any of the above may be used for publicity and fund raising purposes as determined by Camp Felix of the NY Foundling. I understand that I will not receive any financial compensation, good or services in exchange for providing any of the aforementioned.
- Further, I have read, understand and agree to the terms of this Consent Form.
- I give my child(ren) permission to carry and use sunscreen at Camp Felix. If unable to physically apply sunscreen themselves, the child(ren) may ask their counselors for assistance and the counselors will apply the sunscreen.
- In the event of a communicable disease outbreak (not including COVID-19), I understand this person will be excluded from camp if not fully immunized.
- I have reviewed all the information in the Camper Application and confirmed that everything is correct to the best of my knowledge.
- COVID-19 Waiver: I understand that Camp Felix is taking all reasonable measures to prevent the transmission of COVID-19 consistent with applicable public health guidelines. I also acknowledge and recognize that it is impossible to ensure that the camp will be 100% free of COVID-19 and that attending sleepaway camp contains inherent risks that cannot be eliminated regardless of the care taken to avoid the spread of COVID-19. I acknowledge and understand these and other risks that are inherent in participating in the Camp Felix program. In order to minimize risk of infection, I agree to be open and honest with the pre-screening process and to notify the camp immediately if any member of my household is believed to have, or confirmed to have, COVID-19 during the week before my child attends camp or while they are at camp, or within two weeks after my child returns home. Camp Felix cannot accept my camper into camp if they do not pass the pre-screening procedures. Camp Felix may be required to isolate specific groups from the camp environment if an enrolled camper is sent home with COVID-19 specific symptoms or in the case of a confirmed case of COVID-19 in the greater camp population. Failure to accept any of these items and/or other accompanying COVID-19 policies will result in an inability for your camper to attend Camp Felix this summer.

ACCEPT SECTION

* Signature of Biological Parent or NYF Representative * Relationship

SIGN AUTHORIZATION

26) **Now you should be all done!** You will see all green checkmarks on the right hand side, except the Medications – Staff section which you don't need to complete. You can click on PRINT in order to print a copy of the entire Camper Profile for your records.

This section will remain incomplete until a Camp Felix staff member completes it.

Camp Felix staff will complete this section once your Medical Evaluation forms are uploaded with all the medication information.

Mary Doe
Feb 4, 2007

- ✓ Contact Information
- ✓ Case Planner/Supervisor Contact Information
- ✓ Camper Information
- ✓ Camper Health Information
- ✓ Diet & Activity
- ✓ Allergies
- Medication Information
- ✓ Immunizations
- ✓ Insurance
- ✓ Healthcare Providers
- ✓ Medical Evaluation Form
- ✓ Income Eligibility Form
- ✓ Authorizations

27) To **add other users** to this account, such as a birth parent or case planner, click on the camper's name on the left hand side and you will be directed to the home screen. Click on **MANAGE USERS** to add users.

CampDoc.com Jane Doe
New York Foundling Camp Felix

Jane Doe
Registration
Camper Profile
Protection Plan

John Doe
+ NEW PARTICIPANT

Jane Doe
Feb 3, 2007 **EDIT** **MANAGE USERS**

Registration
Review the current registration information for Jane , or [register](#) for additional groups.

Camper Profile
93%
The Camper Profile for Jane is incomplete, and should be completed by **June 1, 2018**.

Protection Plan
0 of 2 groups are protected for Jane.

On the next screen, you will be able to enter the email address of any user you would like to add, then click ADD USER. They will get an email with an invitation and instructions on how to log in.

CampDoc.com Jane Doe
New York Foundling Camp Felix

Jane Doe
Registration
Camper Profile
Protection Plan

John Doe

+ NEW PARTICIPANT

Jane Doe
Feb 3, 2007 EDIT MANAGE USERS

Please find a list of authorized and invited users for Jane's account below. You may invite others to access Jane's account, but please note that once added, you will not be able to remove their access.

Email Address

BACK ADD USER

AUTHORIZED	INVITED
Jane Feyder-Siegel janefsiegel@gmail.com	None

Registration
Review the current registration information for Jane, or [register](#) for additional groups.

Camper Profile
The Camper Profile for Jane is incomplete, and should be completed by **June 1, 2018**.

Protection Plan
0 of 2 groups are protected for Jane.

28) **Protection Plan** is something that's offered to other camps and it **does not apply to Camp Felix**. If you click on Protection Plan section you will see this message. You can ignore this section completely.

Protection Plan

CampDoc offers travel and emergency medical protection, helping parents and guardians to have comfort knowing their campers are protected. Please note that this protection plan **DOES NOT APPLY** for Camp Felix campers because they are already protected under the New York Foundling insurance policy.

29) To **add a sibling**, you will need to click on **+NEW PARTICIPANT** on the home page and then complete information for that sibling. A separate registration and camper profile will need to be completed for each sibling.

Jane Doe
Registration
Camper Profile
Protection Plan

John Doe

+ NEW PARTICIPANT

Jane Doe
Feb 3, 2007 EDIT MANAGE USERS

Registration
Review the current registration information for Jane, or [register](#) for additional groups.

Camper Profile
The Camper Profile for Jane is incomplete, and should be completed by **June 1, 2018**.

Protection Plan
0 of 2 groups are protected for Jane.