



# MEDICAL FORMS & INFO



SUMMER 2023

# MEDICAL PAPERWORK & FORMS DUE DATES BY SESSION

SESSION	DUE DATE
ADVENTURE CAMP ADVENTURE TRAILS (May 27 - June 2)	April 27
SESSION 1 PIONEER A & B CILT (June 11 - June 24)	May 11
SESSION 2 EXPLORER A & B CIT A (June 25 - July 8)	May 25
SESSION 3 TRAILSEEKER A & B CIT B (July 9 - July 22)	June 9

# COMPLETING THE ONLINE CAMPER HEALTH HISTORY FORM

The Camper Health History Form is done online and is the focus of this document.

Parents and/or guardians complete Camper Health History. The Camper Health History deals with allergies, dietary needs, past injuries, illnesses, etc. You can complete this online form at any time, but it **MUST BE COMPLETED BY THE SESSION'S CORRESPONDING DUE DATE LISTED ON PAGE 3.**

Below are some basic instructions on COMPLETING THE ONLINE CAMPER HEALTH HISTORY FORM. If you have any questions please contact us and we will be glad to help you!

1) Go to the Friendly Pines Camp website (<https://friendlypines.com>); hover over the "CURRENT FAMILIES" tab at the top of the homepage and wait for the menu to pop up. Then, click "Account Login". (You can also click on the "ENROLL NOW/JOIN THE WAITLIST" button at the top of the page.)

Use the email address and password you used to create your camper's application; i.e., do not create a new account, as your camper's enrollment info will not be present within this new account. If you can't remember your password, you can use the "Reset Password" link with the email address you used before. This will bring you to the Online Registration Homepage.

2) Click on the "View Details" link under the "View My Registrations/Summer 2023" header.

3) You should now be on the "REGISTRATION DETAILS" page. On the right side you will see the **Forms** column. It should show each registered camper and the forms that have already been submitted, as well as the ones that have yet to be completed.

4) Click on "CAMPER HEALTH HISTORY" for the camper, or one of the campers whose form needs "to be completed".

*You should now be on Page 1 of this 6 page form. You may proceed.*

*Note: All items throughout the form with a **red asterisk (\*)** are required.*

<b>PAGE 1 - HEIGHT &amp; WEIGHT</b>	These are the only required pieces of information for this page.
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PAGE 2 - ALLERGIES & DIETARY RESTRICTIONS	Here, you will give us complete information about the camper's allergies and dietary needs. This information will be shared with the medical staff, the kitchen, and your camper's counselor.
PAGE 3 - MEDICATIONS & TREATMENTS	<p>Please list all prescribed medications your child is currently taking (and will continue to do so at camp), as well as dosage.</p> <p><u>OVER THE COUNTER MEDICATIONS:</u> You will see a list of the medications we keep on hand in the Health Center. Indicate whether or not your child is allowed to take these medications. <i>Please <u>don't</u> send your camper with any of these OTC medications, we have them at camp!</i></p>
PAGE 4 - HEALTH HISTORY	<p>The form starts with a long list of medical conditions.</p> <p>The second part of the form is a list of diseases (mostly childhood diseases).</p> <p>When you check a box under either the medical conditions or disease history that applies to your child, another box will open which will allow for additional information about the occurrence, condition or illness.</p> <p>You will notice a section on activity restrictions. This section is intended for activities that you feel your camper should avoid or need help with because of physical restrictions. You are welcome, however, to use this section for letting us know about activities you would prefer your child <b>not</b> participate in for philosophical or personal reasons.</p>
PAGE 5 - HEALTH INSURANCE & DOCTOR INFO	Provide health insurance and physician information here. Please remember that Friendly Pines Camp carries a modest health insurance policy for each camper. It will be used as the primary insurance in the event of illness or injury. There is a \$1,100 limit for illness and a \$3,500 limit for accidents. If the costs exceed this, the excess will be passed on to your insurance.
PAGE 6 - PERMISSION TO TREAT	<b><u>This is perhaps the most critical section of them all. Your electronic signature will allow us to seek medical care for your camper should that ever be necessary.</u></b>

You're finished! Make sure you **submit** the Camper Health History; once you've correctly and fully done so, the Health History Form should carry a "Completed" status within your "Forms" column. Complete the form again for another camper if applicable.

**ADDITIONAL INFORMATION:**

- You may complete this form at any time, and the sooner the better!
- Please be timely. Information in both the **HEALTH HISTORY** and the **PHYSICAL EXAM** forms is reviewed by our medical staff before the campers arrive. The medical staff share important information about your campers with the children's counselors; therefore, we need this information a few weeks before the session actually begins in order to do our very best job for your camper.
- A reminder of our due dates, at right:

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**IMPORTANT: ONCE THE FORM IS SUBMITTED NO CHANGES CAN BE MADE ONLINE. IF YOU NEED TO CHANGE INFORMATION, PLEASE CONTACT FPC DIRECTLY:**

**EMAIL:** [medical@friendlypines.com](mailto:medical@friendlypines.com)

**PHONE:** (928) 445-2128

## CAMPER PHYSICAL EXAM FORM

**NOTE: WE PREFER THAT THIS FORM IS USED EXCLUSIVELY. PLEASE SEE PG. 2 FOR INSTRUCTIONS & ON COMPLETING & SUBMITTING THIS FORM & DUE DATES.**

CAMPER'S LAST NAME: \_\_\_\_\_ CAMPER'S FIRST NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE AT CAMP: \_\_\_\_\_ GENDER: \_\_\_\_\_  
SESSION(S) ATTENDING: \_\_\_\_\_

EXAM DATE: \_\_\_\_\_ BP: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
CONDITION OF  
Throat: \_\_\_\_\_ Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_ Sinuses: \_\_\_\_\_ Teeth: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Lungs: \_\_\_\_\_  
Any heart disorder?: \_\_\_\_\_ Skin (athlete's foot, impetigo, ringworm, etc.): \_\_\_\_\_  
Orthopedic: \_\_\_\_\_ Vision (Left): \_\_\_\_\_ Vision (Right): \_\_\_\_\_  
Any known exposure to (indication of) communicable disease currently?: \_\_\_\_\_

**RECOMMENDATIONS & RESTRICTIONS AT CAMP**

In my opinion, the above applicant ☐ **IS** ☐ **IS NOT** able to participate in an active camp program.

Description of any limitation or restriction on camp activities: \_\_\_\_\_

The applicant is under the care of a physician for the following conditions: \_\_\_\_\_

Treatment to be continued at camp: \_\_\_\_\_

**PRESCRIBED & REGULAR MEDICATIONS**

**PLEASE NOTE:** For the safety of every person in camp, **ALL CAMPER MEDICATIONS** are kept in the Camp Medical Center (Infirmary), and dispensed by the Camp Medical Staff *only as indicated by written instruction of child's doctor*. Medications must be labeled with: CAMPER'S NAME, DR.'S NAME & NUMBER, NAME OF MEDICATION, REASON FOR TAKING, & FREQUENCY OF ADMINISTRATION.

A signed prescription form, including all of the above information, is also acceptable. For obvious reasons, un-labeled and/or non-prescription items are **NOT** dispensed.

Re: **INHALERS** - must arrive in pharmacy-labeled box, or have prescription, or duplicate pharmacy-label attached to it.

May Children's Tylenol be given if needed? ☐ **YES** ☐ **NO** State preferred alternate: \_\_\_\_\_

THIS CAMPER TAKES MEDICATION AS FOLLOWS: *PLEASE ATTACH ADDITIONAL PAGE(S) FOR MORE MEDICATIONS.*

**MED #1:** \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

**MED #2:** \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

**MED #3:** \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Identify any medications taken during the school year that camper does not/might not take during the summer: \_\_\_\_\_

For female: has this camper menstruated? \_\_\_\_\_ If so, is her menstrual history normal? \_\_\_\_\_

If not, has she been told about it? \_\_\_\_\_ Special considerations: \_\_\_\_\_

**KNOWN ALLERGIES:** \_\_\_\_\_

Any medically-prescribed meal plan or dietary restrictions?: \_\_\_\_\_

**IMPORTANT!** *If needed, please attach additional pages to provide more information for camp medical staff.*

Signature of Licensed Medical Personnel: x \_\_\_\_\_

Print or Typed Name: \_\_\_\_\_ Title/License Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**SCREENING RECORD (THIS BOX FOR CAMP USE ONLY!)**

Date screened: \_\_\_\_\_ Time: \_\_\_\_\_ Meds given to FPC Med Staff? \_\_\_\_\_ Initials: \_\_\_\_\_ Updates/additions?: **YES** **NO**

Observational Notes: \_\_\_\_\_



# CAMPER PHYSICAL EXAM FORM INSTRUCTIONS

We must have a Camper Physical Exam Form for each camper. Below are some bullet points to help clarify the process.

- The Camper Physical Exam Form is different from the online Camper Health History. Often times parents get the two confused.



- The Camper Physical Exam is really just like a sports physical. Your camper(s) may have already gotten a physical for another activity within the calendar year. We will happily accept that form if you wish to send it to us.
- These Camper Physical Exams, of course, can be done by your physician; however they can also be obtained at walk-in clinics. Pharmacies sometimes offer an inexpensive sports physical service as well.
- Physical Exams must be completed within one-calendar year of attending camp

You can submit your Camper Physical Form in a few different of ways:

## UPLOAD IT TO YOUR CAMPBRAIN ACCOUNT (OUR FIRST PREFERENCE)

1. Save the Physical Exam document as **one (1)** complete PDF file\* on your computer or device
2. Go to <https://friendlypines.com>. Hover over the "CURRENT FAMILIES" menu, then click "Account Login"
3. Log in to your CampBrain Account
4. Click on "View Registration Details" after you've logged in
5. You should land on the "Registration Details" page; scroll down to the bottom of the page until you find "Upload Document"
6. Find the camper for whom you want to upload a Camper Physical Exam Form. Click on the "Upload" button and follow the instructions.

## EMAIL IT TO US (OUR SECOND PREFERENCE)

1. Save the Physical Exam document as **one (1)** complete PDF file\* on your computer or device
2. Open a new email with the subject line "**(Your Camper's Name) 2023 Physical Exam Form**" (e.g. "Lorelei Gilmore 2023 Physical Exam Form")
3. Attach it to an email addressed to **medical@friendlypines.com** & send

## FAX IT TO US (OUR THIRD PREFERENCE)

1. Fax the document to us at (928) 445-6065

**\*SCANNING TIP:** We suggest using apps like Scannable, your iPhone's Notes app, Adobe Scan, Microsoft Lens, Google Drive scan, etc. to scan your camper's Physical Exam form into a PDF format. Please refrain from simply taking a picture of the document and sending that in, as most of the time doing so renders the document unreadable due to shadows, focus, paper position, etc. These apps are among the many available to use to capture documents successfully.

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# CAMPER ASTHMA ACTION PLAN

*\*\*This form is only necessary for campers who have asthma or who have ever experienced asthma-like symptoms.*

**PARENTS/GUARDIANS: PLEASE FILL OUT THE FIRST PAGE OF THIS FORM, THEN HAVE YOUR CAMPER'S PHYSICIAN COMPLETE THE SECOND PAGE. RETURN BOTH PAGES TO MEDICAL@FRIENDLYPINES.COM**

CAMPER'S FIRST & LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE NEXT FALL: \_\_\_\_\_

ASTHMA CARE PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OTHER PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**When my child is nearing an asthma episode, I notice these signs (please circle all that apply):**

Runny/stuffy nose	Tummy ache	Getting upset	Coughing
Funny feeling in chest	Feeling weak	Nervous	Watery eyes
Itchy throat	Headache	Sad	Circles under eyes
Itchy chest	Dry mouth	Sneezy	Fatigue

Other signs my child exhibits: \_\_\_\_\_

**My child's asthma triggers (things that start an asthma attack) are (please circle all that apply):**

Animals with fur	Smoke	Sinus infections	Emotions (sad, happy)
Dust	Cold air	Exercise (running, sports)	Cockroaches
Cigarette smoke	Aerosols (hair spray, perfume)	Humid air	Mold
Strong smells	Colds		

Food triggers: \_\_\_\_\_

Other triggers: \_\_\_\_\_

*I have reviewed my child's action plan with my child's asthma care physician and believe all of the information to be accurate. I agree to notify the Camp Medical Staff of any changes in my child's condition including emergency room visits and hospitalizations. I give the Friendly Pines Camp staff and its physician permission to contact one another or my insurance/Medicaid carrier for the purpose of obtaining information related to my child's health. A reasonable effort will be made to obtain the information from me prior to any other source.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ASTHMA ACTION PLAN

to be completed by Physician

CHILD'S NAME: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

POSSIBLE WARNING SIGNS	PEAK FLOW ZONES	TREATMENT PLAN
<p><b>ALL CLEAR!</b></p> <ul style="list-style-type: none"> <li>sleeping without symptoms</li> <li>able to do normal activities w/out symptoms</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>peak flow 80 or 100% of predicted or personal best</li> </ul> <p>Camper's <i>personal best</i> peak flow meter reading is:</p> <p>_____</p> <p>OR</p> <p>Camper's <i>predicted</i> peak flow meter reading is:</p> <p>_____</p>	<p><b>GREEN ZONE: ALL CLEAR!</b></p> <p>_____ to _____</p> <p>Greater than 80% of best predicted peak flow</p>	<p><b>LONG-TERM CONTROL:</b> (daily meds)</p> <p>Medicine Dose Frequency</p> <p>_____</p> <p>_____</p> <p><b>BEFORE EXERCISE:</b> Take <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs of</p> <p>_____ minutes before exercise</p>
<p><b>BE CAREFUL!</b></p> <p>Early warning signs of asthma may be seen:</p> <ul style="list-style-type: none"> <li>cold symptoms and/or fever</li> <li>coughing/wheezing but able to do normal activities</li> <li>shortness of breath with activity</li> <li>chest tightness</li> <li>waking at night</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>peak flow 50-80% of personal best</li> </ul>	<p><b>YELLOW ZONE: CAUTION!</b></p> <p>_____ to _____</p> <p>50-80% of best and/or predicted peak flow</p> <p>This is <b>NOT</b> where camper should be every day.</p> <p>TAKE ACTION</p>	<p><b>QUICK RELIEF:</b> (for mild/moderate symptoms)</p> <p>First Medicine:</p> <p>_____</p> <p>Take <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs or <input type="checkbox"/> by nebulizer one time</p> <p>Then:</p> <p>_____</p> <p>If improvement in 15 min:</p> <p>_____</p> <p>If <b>NO</b> improvement in 15min:</p> <p>_____</p>
<p><b>DANGER!</b></p> <p>This is an emergency; you need help!</p> <ul style="list-style-type: none"> <li>difficulty walking or talking</li> <li>uses neck/stomach muscles when breathing</li> <li>needs rescue medication more frequently than every 4 hours</li> <li>constant coughing</li> <li>worsening symptoms after treatments</li> <li>blue or gray lips or fingernails</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>peak flow less than 50% of personal best</li> </ul>	<p><b>RED ZONE: DANGER!</b></p> <p>_____ to _____</p> <p>less than 50% of best and/or predicted peak flow</p>	<p><b>ALERT:</b> (for severe symptoms)</p> <p>First, take this medication:</p> <p>Take <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs or <input type="checkbox"/> by nebulizer one time</p> <p>If feeling better or repeat peak flow is in yellow zone, call doctor and ask for further instructions.</p> <p>If no improvement or repeat peak flow in red zone or nails/lips are blue or breathing is difficult <b>GO TO THE EMERGENCY ROOM OR CALL 911!</b></p>

 Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (print & sign)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# SUBMITTING IMMUNIZATION RECORDS

## FOR FIRST-TIME CAMPERS

You will upload a PDF copy of your camper's immunization records directly into your CampBrain household account. Please make sure to combine multiple paged records into ONE document for upload; you cannot upload each page individually.

1. Login to your CampBrain portal (Click the "ENROLL NOW/JOIN THE WAITLIST" button at the top of each friendlypines.com webpage and log in at the bottom left of the landing page)
2. Click on "View Details" under the "View My Registrations/Summer 2023" header
3. On the "REGISTRATION DETAILS" page, scroll down until you find the "Upload Documents" section
4. Find the camper for whom you want to upload an immunization record. Click on the Upload button and follow the instructions.
5. Once the document has been successfully uploaded, you should see a "SUBMITTED" label next to the name of the uploaded document.

## FOR RETURNING CAMPERS

If you attended camp in 2022, we likely still have your immunization records on file from when you submitted them in the Health History form or uploaded them to your household account for last summer. If we cannot locate the record, we will reach out to you to ask for a new record.

If your camper hasn't had any updates, the record from last year is fine as is. No need for you to do anything else at this time.

If your camper has had updates since last summer and you want to submit a new record, please follow the steps listed above for New Campers.

**IMPORTANT: ONCE A DOCUMENT HAS BEEN UPLOADED/SUBMITTED, NO CHANGES CAN BE MADE ONLINE. IF YOU NEED TO CHANGE INFORMATION, PLEASE CONTACT FPC DIRECTLY:**

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# NON-PRESCRIPTION DRUGS & SUPPLEMENTS

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It has been our long-standing policy to **NOT administer any medications that are not prescribed by a doctor**. All medications must come in the labeled prescription bottle or be accompanied by a doctor's signed directions. You will find this policy expressed on the Camper Physical Exam Form and in the Parent Handbook.

These non-prescribed medications tend to fall under a couple of categories. Many parents bring in bags of common over-the-counter medications. They are often simple items like Ibuprofen or Benedryl. We DO stock many of these common medications, and all of them have been approved by the physicians who write and review our standing orders. So if your child takes a particular over-the-counter allergy medicine if they need it, chances are we have it and have been given doctor's approval to administer it. If you have some over-the-counter medication that you give your child daily, **you will need to provide a doctor's orders**.

The other non-prescribed medications that we see often falls into the homeopathic or supplemental category - herbal supplements, essential oils, etc. We know that many of you give your children these products daily, but in order for our nurses to do so, **we will need a doctor's orders**. Our med staff, understandably, is reluctant to giving out medications that they know little or nothing about. There is a liability risk that they are not willing to assume, and we back them on this.

So, please comply to our request to make sure that any medications that you bring to camp for your child are accompanied with signed doctor's orders or are in a labeled bottle. In these cases, we are happy to comply.

If you have any questions, please contact us.



# 2023 COVID MITIGATION PLAN

CURRENT STATUS:

**TIER 1**

## SATURDAY, FEBRUARY 18TH, 2023 | VERSION 2.2023

We ran HUGELY successful, fun, and SAFE programs in 2021 & 2022. We are still so proud of the fact that we had **ZERO cases of COVID at camp for the entirety of our 2021 summer season**; this enormous feat was all thanks to the hard work from our medical team, camp staff, and camp families who created, implemented, followed (and adapted to the frequent changes to!) our Summer 2021 Mitigation Plan.

For Summer 2022, we, like a majority of summer camps around the country, still operated in a safe & reasonable way, despite having some positive COVID cases pop up in the middle of the season. Our Medical Staff from Sessions 2 & 3 did an incredible job managing the positive cases, working with parents, and keeping the rest of camp safe & healthy. Thankfully, the virus didn't seem to cause too severe of symptoms from what we could gather and was reported to us; the true disappointment was that COVID-positive kids had to go home to isolate until they were no longer symptomatic or tested negative.

One would think that working out the details for a COVID Mitigation Plan for the third summer in a row would be a breeze. While at this point we feel comfortable and confident in our ability to handle the *threat* of an infectious disease, the nature of *how* to handle a specific disease in the camp setting remains elusive; as we're sure you're well aware, one of the defining characteristics of the COVID-19 virus is its ability to mutate with what seems like every transmission. What was a symptom or concern for the virus last year might not be the same this year, and might be something totally different in 6 months. In short, we recognize & own up to the fact that making the perfect plan for mitigating COVID risk is **impossible**, but something we still want to strive for!

As we examine every aspect of how we proceed with our summer operations for 2023, our foremost goal is, as always, **the safety and protection of our campers, our staff, their families, and the community at large**. To this end, we are again adopting the "Best Practices" for screening, hygiene, congregating, and testing that have been recommended by the CDC, the Arizona State Health Department, the Yavapai County Health Department, and the American Camp Association, with additional consultation by our team of seasonal Medical Staff. We feel we can do no less for the families who have entrusted us with their most precious treasures.

For Summer 2023, we will be operating on a **Tiered Mitigation Plan**. We will move camp up or down to certain tiers based on the local positive infection & transmission rates for the Yavapai County/Prescott area per CDC information; we will also take into consideration the positive case rates for areas where we have a large population of campers traveling from. We feel as though this method is the best solution for allowing flexibility and adaptation, with the ultimate goal of keeping the campers & staff **HEALTHY** and **ABLE TO COME AND REMAIN AT CAMP**.

On the next page, we have provided a handy table that lists the requirements & policies for different categories within each of our three mitigation tiers. We have selected six categories of COVID management & provided the corresponding policies for each category based on its tier. The categories include:

- Pre-Arrival Testing
- Vaccinations
- Masking
- Testing at Camp
- Positive Test Protocol
- Temperature Checks

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO CHANGE AT ANY TIME TO KEEP UP WITH CHANGING PUBLIC HEALTH CONDITIONS AND REGULATIONS

**AS OF THIS WRITING, OUR MOST CURRENT TIER STATUS IS:**

**TIER 1**

Please note that we reserve the right to move our policy in either direction at any time between now and the end of our season, and will endeavor to notify our families & staff with at least **one week** of lead time should we need to move to a different tier.

	TIER 1	TIER 2	TIER 3
PRE-ARRIVAL TESTING	<ul style="list-style-type: none"> <li>Not required</li> </ul>	<ul style="list-style-type: none"> <li>Negative, proctored antigen test required for <b>EVERY</b> CAMPER/CILT/CIT, regardless of vaccination status, within 24 hours of arrival (SEE NEXT PAGE FOR PROTOCOLS &amp; PROCEDURES)</li> <li>Potential regular testing for counselors</li> </ul>	<ul style="list-style-type: none"> <li>Negative, proctored antigen test required for <b>EVERY</b> CAMPER/CILT/CIT, regardless of vaccination status, within 24 hours of arrival (SEE NEXT PAGE FOR PROTOCOLS &amp; PROCEDURES)</li> <li>Required for counselors three days after time off away from camp</li> </ul>
VACCINATIONS	<ul style="list-style-type: none"> <li>Primary doses REQUIRED for counselors</li> <li>Primary doses REQUIRED for Medical Staff</li> <li>Not required for campers</li> <li>Not required for auxiliary staff</li> </ul>	<ul style="list-style-type: none"> <li>Primary doses REQUIRED for counselors</li> <li>Primary doses REQUIRED for Medical Staff</li> <li>Not required for campers</li> <li>Not required for auxiliary staff</li> </ul>	<ul style="list-style-type: none"> <li>Primary doses REQUIRED for counselors</li> <li>Primary doses REQUIRED for Medical Staff</li> <li>Not required, but strongly encouraged for campers</li> <li>Not required, but strongly encouraged for auxiliary staff</li> </ul>
MASKING	<ul style="list-style-type: none"> <li>Not required to mask indoors or outdoors</li> <li>Campers &amp; staff are welcome to wear masks if they feel more comfortable doing so, without fear of rejection or ridicule by others.</li> </ul>	<ul style="list-style-type: none"> <li>Masking indoors not required, but strongly encouraged</li> <li>Masking outdoors not required</li> <li>Campers &amp; staff are welcome to wear masks if they feel more comfortable doing so, without fear of rejection or ridicule by others.</li> </ul>	<ul style="list-style-type: none"> <li>Masking in indoor communal spaces required (Dining Lodge, Sewing room, Infirmary, etc.)</li> <li>Masking outdoors not required, so long as social distancing is kept</li> <li>Counselors required to wear masks full-time (except when sleeping) for three days after time off away from camp</li> <li>Cohorting cabins &amp; activities</li> </ul>
TESTING @ CAMP	<ul style="list-style-type: none"> <li>Testing at camp only conducted for <b>symptomatic patients</b> <ul style="list-style-type: none"> <li>Re-testing is not permitted based on positive result; we will treat all positive results as though they are truly positive</li> </ul> </li> </ul>		
POSITIVE TEST PROTOCOL	<ul style="list-style-type: none"> <li>If test at camp results in positive case: <ul style="list-style-type: none"> <li><b>CAMPERS:</b> Campers must be picked up within 24 hours from when FPC notifies parents, and will isolate at home for a minimum of 5 days</li> <li><b>STAFF:</b> Staff must leave camp and isolate at home or in a hotel for a minimum of 5 days</li> </ul> </li> <li>On day 5, campers/staff will retest: <ul style="list-style-type: none"> <li>A negative result means they can return to camp.</li> <li>Another positive result means they can return to camp on day 10 from original positive test.</li> </ul> </li> <li>Upon return to camp, mask must be worn for 5 more days or until no longer symptomatic.</li> </ul>		
TEMPERATURE CHECKS	<ul style="list-style-type: none"> <li>Not required for Summer 2023 upon arrival, nor the daily checks for the first three days like in 2021/2022.</li> <li>We will still take campers' temperatures during the normal health screening check that takes place on the first morning of camper's arrival.</li> </ul>		

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO CHANGE AT ANY TIME TO KEEP UP WITH CHANGING PUBLIC HEALTH CONDITIONS AND REGULATIONS

## TIER 2 & 3 PRE-ARRIVAL TESTING PROTOCOLS & PROCEDURES

### STEP 1: DETERMINE YOUR TEST DATE

In the event that we must move to Tier 2 or 3, ALL campers will need do a rapid antigen test on the day before their arrival.

For ADVENTURE CAMP & ADVENTURE TRAILS, this means taking your test on FRIDAY, with arrival day on SATURDAY.

For ALL OTHER SESSIONS, this means taking your test on SATURDAY, with arrival day on SUNDAY.

### STEP 2: PURCHASE YOUR AT-HOME RAPID ANTIGEN TEST

Campers **must** use one of the following brands for their rapid antigen test, which can be found at your local pharmacy, Walmart, Amazon, etc.:

BinaxNow



Quidel QuickVue



iHealth



On/Go



Flow Flex



**IT IS IN YOUR BEST INTEREST TO PURCHASE A TEST NOW SO THAT YOU HAVE IT ON HAND IN THE EVENT WE MUST MOVE TO A HIGHER TIER. PLEASE MAKE SURE THE TEST'S EXPIRATION DATE IS AFTER YOUR CAMPER'S SESSION ENDS.**

### STEP 3: PROCESS YOUR TEST

In order for FPC to receive your results directly, you will need to process the antigen test via our online form. This processing will include filling out a form for each camper, and including photos of the camper, a photo of unused test, and a photo of the test result. We will send a detailed instruction document prior to your test date.

## FREQUENTLY ASKED QUESTIONS

### WHAT CONSTITUTES THE NEED TO MOVE TO A DIFFERENT TIER?

We will continually monitor transmission rates, positive cases, and severity of symptoms in the Prescott area, as well as areas where a large population of our campers are traveling from to get to camp; this is usually the Phoenix and Tucson areas, but could also be Las Vegas and even Mexico.

We will also consult with our Medical Staff to determine the community risk level, as well as utilize guidance from the Yavapai County Health Department, Arizona State Health Department, the CDC, and the American Camp Association.

Though it may sound somewhat ambiguous, we will basically be conferring to the opinions of our own medical professionals, as well as public health officials, to how dangerous the current COVID rates are, and will then increase or decrease in tier level accordingly. There isn't really a quantifiable way to determine how or when we move to a new tier, other than how severe of an outbreak or surge there might be and what medical professionals think is the best way to combat the spread.

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO CHANGE AT ANY TIME TO KEEP UP WITH CHANGING PUBLIC HEALTH CONDITIONS AND REGULATIONS



## WHY ARE ALL CAMPERS REQUIRED TO TEST IN TIER 2 & 3? LAST YEAR VACCINATED AND/OR RECENTLY INFECTED & RECOVERED CAMPERS WERE EXEMPTED, SO WHY IS IT DIFFERENT THIS SUMMER?

While the vaccine has been found to be useful for helping lessen COVID infection severity, it appears as though the transmission rate from vaccinated individuals is not as low as previously predicted. In our own personal experience during Summer 2022, we found that we had a mix of both vaccinated and unvaccinated campers and staff test positive.

The ultimate goal of pre-arrival testing in Tier 2 & 3 is to try and prevent COVID coming into camp. We believe it is much easier for our camp families to manage and accept a camper coming to camp late or not at all, rather than coming to camp and then having to leave early in the event of a positive case. **THE ULTIMATE GOAL IS TO KEEP CAMPERS AT CAMP ONCE THEY ARRIVE, NOT SEND THEM HOME EARLY!** While we will never claim that pre-arrival testing will 100% prevent COVID from ever coming into camp, it should hopefully catch some campers that may be non-symptomatic.

## MY CAMPER TESTED POSITIVE FOR COVID, WHAT'S THE REFUND POLICY?

*We'd like to remind everyone of our cancellation policy that you agreed to upon enrollment:* after May 1st, the entire tuition payment for each camper becomes **non-refundable**. Friendly Pines will not be able to issue refunds after May 1st for campers that miss camp for *any* reason; this includes a positive COVID test result, whether that test happens before their arrival and/or during their session.

As we mentioned on one of the enrollment forms, it is **STRONGLY RECOMMENDED** that you purchase **tuition insurance** in order to protect your investment. You can find more information on tuition insurance plans by going to our website: <https://friendlypines.com/tuition-insurance>

## IN CONCLUSION...

Our leadership & medical staff worked incredibly hard on these policies, and we thank them for their time and dedication. We thank our camp families in advance for understanding and adhering to these policies. We want to make sure camp is a safe but still fun environment for everyone, and we believe that the policies listed herein will give us the flexibility to achieve this goal.

If you have any questions whatsoever about our 2023 COVID Policies, please do not hesitate to reach out to [info@friendlypines.com](mailto:info@friendlypines.com) or call (928) 445-2128. We are so looking forward to welcoming our camp families for another fabulous summer!

Yours & s'mores,

DR. CHRISTOPHER MAY, MD  
FPC President

MEGAN MAY  
Camp Director

ADAM ESPOSITO  
Assistant Director