



PARENT INFORMATION PACKET

This document provides you and your students' parents/guardians with important information. Please review carefully and share the link with each of your parent/guardian(s).

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Dear Parent(s)/Guardian(s),

Thank you for allowing your child to participate in Caritas Creek at CCCYO Camp. This exciting educational experience will enhance the growth of your child and their entire class. The program offers a blend of age-appropriate science curriculum aligned with the Next Generation Science Standards and retreat style activities fostering social, spiritual, and academic development. As a parent, you need to familiarize yourself with the following information as your child embarks on their camp experience.

Our Facility

The facilities at CCCYO Camp and Retreat Center include a full service kitchen and dining room, heated cabins, full service restrooms with individual showers, campfire circles, cleared nature trails, swimming pools, and a lake for canoeing and group study. The students sleep on bunk beds equipped with mattresses. The camp facilities are accredited by the American Camp Association for group use and meet or exceed Health Department standards.

What to pack

Take a look at the attached *Suggested Packing List*. If your child is coming in the winter, remember to pack several layers of clothing, waterproof pants, jacket (or poncho) and boots, a winter hat, mittens or gloves, and lots of socks. The Sonoma Coast region experiences rain from October through April and rain gear is very important during those months. We suggest that you check the forecast for the week of your child's trip and pack accordingly. Please label all belongings including luggage. We suggest you encourage your child to pack items that can get wet and/or dirty. Throughout the trip your child will be spending much of their time outside. Please make sure they are prepared for the elements.

Health, Wellness and Emergency Response

It is absolutely mandatory that a CCCYO Camp Youth Health Form is completed and signed for your child. This form should be given to the teacher who is attending with the class. **Without a completed and signed health form, your child cannot remain at CCCYO Camp.** Please review the medication instructions stated on the health form so that we can meet your child's medical needs to the best of our ability. Your child's teacher will be responsible for dispensing any medications while at camp and will have access to over-the-counter supplies (listed on the medical form) stocked in the medical cabinet at camp.

If your child becomes ill during camp, you will be responsible for making travel arrangements to get them home. In order to prevent the spread of infection sick children must recover at home. They are welcome to return to camp upon recovery. **If you need to reach your child after hours in an emergency, please notify your child's teacher.**

Teachers will meet with the CCCYO Camp staff upon their arrival at camp to discuss medical information and additional needs of the students. The teacher will be the primary contact/liaison between the school and families. Teachers will be supported by CCCYO Camp leadership staff on a situational basis. Outside of business hours an on-call leadership staff member will be available to the teacher from 10PM to 8AM.

Mail

You are welcome to send letters to your child while they are at camp. Please send them the week before to ensure arrival at camp during your child's stay. Remember to write upbeat, encouraging words. Letters that focus on missing your children can lead to campers feeling overwhelmed. Please send mail to the following address: Name of Student, Name of School, CCCYO Camp, 2136 Bohemian Hwy, Occidental CA 95465. Some teachers collect letters from parents prior to camp and disperse them throughout the week.

We believe an outdoor education experience at CCCYO Camp will greatly enhance each student's scholastic experience and benefit their overall education immensely.

Thank you!

The CCCYO Camp Leadership Team

CCCYO Camp and Retreat Center

2136 Bohemian Highway

Occidental, CA 95465

Main Camp Office: 707-874-0200

Caritas Creek Office: 707-874-0226

SUGGESTED PACKING LIST

Please note that CCCYO Camp will not be held responsible for lost items. Please do not bring irreplaceable, breakable, or expensive items.

CCCYO Camp uses the forest as a classroom: please be aware that anything that comes to camp may return home dirty, damp, or muddy. For schools attending in the winter months, please keep in mind that you will be outside except in cases of extreme weather. Please arrive prepared for extended outdoor rainy weather activities.

Please bring lunch for the first day of camp. Avoid bringing lunch boxes and Tupperware.

*****PLEASE WRITE YOUR NAME ON EVERYTHING*****

Clothing	Hygiene Gear
4 pairs of Jeans or Outdoor pants	2 Towels & 1 Wash Cloth
4 Tee Shirts	Deodorant
2 Sweaters or Sweatshirts	Soap
2 Turtlenecks or Thermals	Toothpaste & Toothbrush
1 or 2 Warm Jackets	Lip Balm
Swimsuit/Shorts	Hairbrush/Comb
6 pairs of underwear	Shampoo/Conditioner
8 pairs of socks	Cabin Gear
Mittens or Gloves	Sleeping Bag or 2 Blankets/ Pillow
Warm Hat, Cap, or Ear Muffs	Dirty Clothes Bag (Plastic Bag, Pillow Case)
Pajamas	Book or Magazines
2 pairs of athletic shoes (Tennis Shoes or Hiking Boots)	
Sandals (For Showering)	
Robe *Optional*	Hiking Gear
Rain Gear	Disposable Camera
Waterproof* pants (nylon, plastic or vinyl)	Flashlight and Water Bottle
Waterproof* jackets (nylon, plastic or vinyl)	Back-pack (large enough for water bottle + extra clothing)
*Water resistant is insufficient	Sunscreen & Bug Repellant
If forecast is rainy, please pack extra of all items, especially socks	

The packing list above is based on a 5-day trip to CCCYO Camp. If you will be attending for fewer days please adjust accordingly.

Medications: Bring all medications in original containers and turn them into your teacher.

PLEASE DO NOT BRING THE FOLLOWING ITEMS		
Food (Please bring a lunch for Day 1)	Money	Matches or Lighters
Candy & Gum	Body Spray (Deodorant OK)	Make-up
Wrist Watch	Any Item of Value	Hair Spray/Gel
Electronics	Knives/weapons	Curling or Flat Irons/Hairdryers

Parent Information for Health Services at CCCYO Camp

Our health service practices are shaped by regulations and/or guidelines from entities such as American Camp Association, Association of Camp Nurses, and the state of California.

HEALTHCARE PLAN

We partner with you and your child's classroom teacher to provide a safe and healthy experience for your student. You know your child's health needs; we know the capabilities of our program. Our healthcare plan is designed to complement the growth and development needs of children and youth within normal parameters.

HEALTH FORMS

Each health form is reviewed by your classroom teacher prior to child's stay at CCCYO Camp. If they have a question, they will contact you for clarification. We rely on the information you provide to care for your student. Please complete your student's health form thoroughly and return to your school as soon as possible.

About Camp and Your Child's Health

We ask that your child be healthy upon arrival and ready to participate in a predominantly outdoor experience. If you have questions or concerns contact us! We reserve the right not to admit a person who poses a communicable illness threat.

Our program has a busy schedule filled with activities. Students live with eight or more classmates and an adult chaperone in a cabin. Prepare your child so these experiences are exciting rather than intimidating.

Our program expects that students can meet their own personal needs, can move independently from place to place and are capable of community living in our cabin environment.

Community living skills are new for many students. Your child may appreciate knowing that his or her bedroom will be shared with many other people and everyone sleeps in bunk beds. Talk with your child about picking up personal items, the noises people make when they sleep and whether a top or bottom bunk would be best. If your child is a light sleeper we suggest packing disposable ear plugs.

CCCYO Camp Staff

The staff at CCCYO Camp are certified in CPR and First Aid. The teachers from your school are responsible for dispensing all prescription medication during their stay.

Healthcare Facilities

Kaiser and Memorial Hospitals are both approximately 15 miles from camp. There is an Urgent Care Facility in Sebastopol, 8 miles from camp.

Scope of Service

The scope of service provided by our staff is limited to care for routine illness and injury; we do not have physicians in residence. We do, however, have medical protocols signed by our supervising physician so care for common problems is available. We stock over-the-counter medications which are dispensed as directed in our protocols. Your student will be referred to the local medical community (after we contact you) when need is beyond the scope of our care.

Treatment of Chronic Health Concerns

We expect children with chronic health concerns (i.e. asthma, allergies, diabetes) to be capable self-managers and to bring the supplies they need to manage their diagnosis. Because treatment modalities vary, our staff relies on your student's familiarity with and ability to do their own treatments. Our staff will provide general oversight and partner with your student to follow individual treatment plans and/or strategies to facilitate your student's care.

MEDICATION

All medication, with the exception of some inhalers and Epi-Pens, is collected by the teachers at the school before departure. Once at camp, all medication is required by state law to be kept locked in the Health Center with the exception of emergency medication.

Stocked Medication

The CCCYO Camp Health Center stocks the following over-the-counter (OTC) medications and remedies; please do not send these with your student. CCCYO Camp Staff have medical protocols from the camp physician which directs the use of these medications for common and routine human health problems. Use the health form to indicate which of our stocked OTC remedies should not be given to your student:

Acetaminophen (Tylenol)	Diphenhydramine (Benadryl)	Chloraseptic Spray (Sore Throat)
Ibuprofen (Motrin, Advil)	Docusate Sodium (Stool Softener)	Tums
Pseudoephedrine (Sudafed)	Loperamide HCL (Anti-Diarrhea)	Cough Drops
Guaifenesin DM (Cough Medicine)	Silver Sulfadiazine	Calagel / Aloe Vera Lotion
TechNu Extreme (Poison Oak)	Hydrocortisone Cream	Cola Syrup

If you are Sending Medication with Your Camper

- Send enough for your child's entire stay.
- Place the medications in a zip lock bag with your child's full name.
- Each medication must come in its original and appropriately labeled bottle/container, including vitamins and other nutritional supplements.
- Do not mix medications.
- Do not presort medications into a daily medication box or container.
- Use the health form to record the medication and explain why your child is using the medication.
- The teacher expects that medication indicated on the health form will arrive with the camper. If a medication status changes, notify your child's teacher in writing of that change.

Prescription Medication

- Must come in a pharmacy container with a legible label in the camper's name.
- Must be labeled with the camper's name, the name of the medication and current instructions for administration.

NOTE: Your child's teacher must follow labeled directions. If there is a change to your camper's medication, make sure the label correctly reflects that change, or please have your healthcare provider write a new prescription with the change of dosing and send that with your child. It must be signed and dated by the healthcare provider.

Over-the Counter Medication

- Must come in its original container with a legible label.
- Must have the camper's first and last name clearly written in indelible ink on the container but in a place which does not obscure label information.
- Must be appropriate to the age of the child with the proper dosing information.
- If different, please send your healthcare providers instructions, signed and dated by him/her.

Methods for Treating Common Problems

We are sensitive to the fact that there are different ways to treat common health problems. If your child is susceptible to sore throats, headaches, and/or upset stomach and you have identified a treatment to which your child responds, please share that information with us by writing it on the health form. We may not be able to provide exactly the same treatment, but we will complement it as our regulatory agencies and laws allow.

Insulin and Other Injections

We expect that students who use injectables (e.g. insulin injections, growth hormone shots) are capable of doing their own injection. Refrigeration, a sharps container, and alcohol preps are available.

Please send your entire student's medication and the necessary syringes with them to camp.

Communicable Disease

Please notify your school and CCCYO Camp if your child is exposed to a communicable illness within the three weeks prior to arriving at camp. We are especially concerned about chicken pox, mumps, sore throat, colds, Covid and flu.

Head Injuries/Concussion Protocol

It is the policy of Catholic Charities that all head injuries be evaluated by an advanced medical health professional before rejoining programming.

Head Lice or Nits

Because our program has a "no nits" policy, if a child is found to have nits once they are at camp, you will be contacted to pick up your child per our medical protocols. If this occurs, we recommend that you bring your child to a professional facility so they can return to camp. In addition, please instruct your student not to share items such as brushes, hats, pillows, hair ties and clothing with other people.

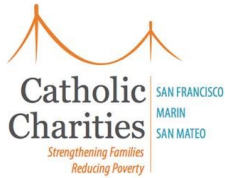
COMMUNICATING HEALTH ISSUES WITH PARENTS AND GUARDIANS

The teacher(s) from your school will call you immediately if there is any significant medical concern regarding your child. The phone numbers you provide on your student's health form will be used. Please make sure that they know how to reach you at all times during your child's stay.

We generally do not contact you if your child is treated for routine problems (e.g. skinned knee, sore throat, bee sting, headache, upset stomach). We will call if we have questions determined on a case-by-case basis by the CCCYO Leadership staff and your child's teacher. If you would like us to do something different, attach a letter to your child's health form explaining your alternate plan.

A child's usual response when not feeling well is to tell the parent or guardian. Sometimes children at camp react the same way – they write a letter telling you how they feel and may not consider telling their cabin leader or their teacher. Talk with your child and explain that the cabin leader, staff, and teachers are there to help.

Please instruct your student to tell these people about their needs so care can be provided...because we care!!



Youth Health Form

Return all signed forms to the school:

School Name: _____

CCCYO Camp
2136 Bohemian Highway
Occidental, CA 95465
Phone: (707) 874-0200

- Having adequate information about your camper is crucial to our ability to provide a supportive environment. We rely on you to tell us what we need to know about your camper.
- This form must be completed and signed by a custodial parent/guardian.
- Our healthcare and leadership staff have access to the information on this form.
- Questions? Call our camp office at (707) 874-0200.

Chronic Serious Health Concerns

Chronic serious health concerns include, but are not limited to: asthma, diabetes, seizures, sleepwalking, recent surgery.

Does this camper have (a) serious chronic health concern(s)? ☐ Yes ☐ No

If YES: Please provide relevant information, including information on how the condition is monitored and managed, and on the camper's familiarity of it. Indicate what level of assistance may be needed.

Camper's Name: _____

First

Middle

Last

Sex: M ☐ F ☐

Birth Date: _____

Month

Day

Year

PARENT CONTACT INFORMATION: We will contact you in an emergency or if we have questions about your child. Provide the following contact information for us to use during your child's time at camp:

Custodial Adult A: _____

Relationship to Camper: _____

Cell Phone: (____) _____

Email Address: _____

Custodial Adult B: _____

Relationship to Camper: _____

Cell Phone: (____) _____

Email Address: _____

Street Address: _____

City, State, Zip: _____

Is this address also the camper's address? ☐ Yes ☐ No

Allergies

Camper is allergic to the following foods: _____

☐ Camper has no known food allergies.

Camper is allergic to the following medications: _____

☐ Camper has no known allergies to medication.

Has this camper experienced an anaphylactic reaction? ☐ Yes ☐ No

If YES: Which allergen(s) caused an anaphylactic reaction? _____

In which year did the camper last experience anaphylactic reaction? _____

Does this camper carry an Epinephrine-Autoinjector (EpiPen)? ☐ Yes ☐ No

Nutrition

We can work with some medically prescribed diets but do not cater to individual food preferences. Please call if you have questions about your camper's diet.

This camper requires the following diet: ☐ Regular Diet ☐ Vegetarian
☐ Vegan ☐ Lactose Free ☐ Gluten Free (Celiac Disease)

This camper (for medical reasons) cannot eat the following foods: _____

Immunizations/Vaccinations

This camper is vaccinated according to the California school requirements: ☐ Yes ☐ No

If YES: Month and Year of last Tetanus shot: ____/____

If NO: Please sign off on the following statement:

I understand and accept the risks to my child from not being fully immunized.

X

Signature of custodial parent or guardian

General History

This camper is free of illness, injury or physical challenges that would affect program participation: ☐ Yes ☐ No If NO, please provide information: _____

For girls: this camper knows about menstruation and/or has a normal menstrual history: ☐ Yes ☐ No

This camper has been in countries outside the United States in the past nine months: ☐ Yes ☐ No If YES, list the countries and length of time spent in each: _____

Medication and/or Medical Devices

Medication is any substance a person takes to maintain and/or improve his or her health and includes vitamins and homeopathic remedies. A medical device is any device used on or in a person to maintain and/or improve his or her health; this includes devices used to measure body functions or to deliver medications.

The CYO camp health office has home remedies (e.g. warm water bottle, Technu (Poison Oak Scrub), cough drops, ice packs, aloe vera, calamine lotion, placebo non-active pills or liquid, Cola Syrup, VapoCream, Arnicare Gel, Sports Gel) available that are used on an as needed basis to manage discomforts and minor injuries.

The Health Center stocks the following over-the-counter (OTC) medications to treat common and routine human health problems: Acetaminophen (Tylenol); Ibuprofen (Motrin, Advil); Lidocaine lotion; menthol and/or methyl salicylate (BioFreeze, IcyHot); Pseudoephedrine (Sudafed); Phenylephrine (Sudafed PE); Guaifenesin and/or *Dextromethorphan* (Cough Syrup); Chloraseptic Spray; Diphenhydramine (Benadryl); Loperamide (Claritin); Cetirizine (Zyrtec); Hydrocortisone Cream; Benadryl lotion; Calagel; Docusate Sodium (Stool Softener); Loperamide HCL (Anti-Diarrhea); Tums; Neosporin/Bacitracin; Tolnaftate (Anti-Fungal Cream)

If this camper should not receive certain "Over the Counter" medications, please list those and provide the reason: _____

ALL medications campers bring, including "Over the Counter," supplements, or homeopathic must arrive in the original appropriately labeled container. They must be stored under lock in the health office; exceptions are those that the camper needs to have with him or herself at any time, e.g. epipens, albuterol inhalers. **This camper will bring medications and/or medical devices to CYO Camp:** ☐ Yes ☐ No

If YES please provide the following information for each medication and/or device: Name; Reason for Taking/Using; Dose Given & When (Breakfast, Lunch, Dinner, Bedtime, As Needed): _____

Mental, Emotional, Learning and Social Health

This camper has been diagnosed with a condition that impacts learning (e.g. ADHD, sensory processing): ☐ Yes ☐ No

This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder: ☐ Yes ☐ No

This camper has an emotional health concern: ☐ Yes ☐ No

If the answer is YES to any of the 3 questions above, please provide information: _____

During the past academic year, this camper saw or is currently seeing a professional to address mental/emotional concerns: ☐ Yes ☐ No

If the answer is YES, provide a statement from your camper's professional (e.g., therapist, physician) that addresses the following: Describes the concern and the camper's management plan (including medication) while in our program. Describes the behaviors that will indicate to our staff that your camper needs professional referral. This document can be provided through mail or email to our office.

This camper has had a significant life event that continues to affect the camper's life: ☐ Yes ☐ No If YES, please describe: _____

Have we forgotten to ask something? ☐ Yes ☐ No If YES, provide additional information about your child's health and learning style that may have been neglected on this form. We are particularly interested in information that has an impact upon your child's ability to participate in our program: _____

Billing Information for Healthcare

Parent/Guardians are financially responsible for healthcare given by an out-of-CYO Camp provider.

Does this camper have health insurance? ☐ Yes ☐ No If Yes, provide the following information: Name of Insurance Company; Policy Number, Phone Number of Insurance Company (on back of card); Name of person who holds the policy; Birth date of this person: _____

Alternate Contact When You Aren't Available

If we cannot reach you, provide contact information for other people who know your camper and with whom we can consult. We assume you have spoke to these alternative contacts and that they are willing to assist should the need arise.

Alternate Contact #1: _____
Name Phone Number Relationship to Camper

Alternate Contact #2: _____
Name Phone Number Relationship to Camper

Parent/Guardian Authorization for Healthcare and Participation

This health history is correct and accurately reflects the health status of the camper to which it pertains. The person described has permission to participate in all camp activities except as noted by me and/or the examining physician. I give permission to the physician/facility selected by CYO Camp to order x-rays, routine tests and treatment related to the health of my child for both routine healthcare and in emergency situations. If I cannot be reached in an emergency, I give 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 CYO Camp staff. In addition, CYO 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. In consideration for being allowed to participate in the CYO Camp programs, I agree to assume the risk of such activities and further agree to hold harmless Catholic Charities CYO/CYO Camp, its officers, employees and representatives from any and all such claims, suits, losses, or related causes of action for damages. CYO Camp is not responsible for lost, stolen or damaged personal articles. I also authorize Catholic Charities CYO to have and use photographs, slides or video of me, my child, or my family as may be needed for its public relations programs. I acknowledge that this General Release of Liability of Catholic Charities CYO/CYO Camp, and this Authorization for Treatment, are binding on me personally and on my heirs, personal representatives, successors and assigns. This agreement will be enforced in accordance with the law of the State of California.

X _____
Signature of custodial parent or guardian Date Relationship to camper



Clothing Order Form

Child's Name First _____ Last _____

School _____

Dates Attending _____

Parents: If you are ordering clothing, please return this complete order form to your child's teacher

T-shirts: \$20.00 price includes tax

Please check one size:

Adult Small _____ Adult Medium _____ Adult Large _____

Adult XL _____ Adult 2 XL _____ Adult 3XL _____

Hooded Sweatshirts: \$40.00 price includes tax

Please check one size:

Adult Small _____ Adult Medium _____ Adult Large _____

Adult XL _____ Adult 2 XL _____ Adult 3XL _____

Embroidered Logo Beanies: \$15.00 price includes tax

Please select one style



Gray CCCYO Camp Beanie _____

Black Caritas Creek Beanie _____



Order Summary

Child's Name: _____ School: _____

Items Ordered: _____ T-Shirt \$20 _____ Sweatshirt \$40 _____ Beanie \$15

Total Paid \$ _____ **Paid By (circle one):** Cash Check # _____ (Make Checks payable to your school)