

TO: Rotary Leadership Camp Participants

FROM: Camp Neidig Committee, Rotary District 7430

Please accept our congratulations for the honor of being selected as a “Tomorrow’s Leader” camper. We all trust that the few short days that you will spend at camp will help you to enhance your skills as a leader in your school or community. More importantly, we hope to increase your awareness of the potential that you possess for future professional and community leadership.

Camp Neidig is a program sponsored by the Rotary Clubs in the Rotary District 7430 (Southeastern Pennsylvania). Its purpose is to provide exceptional young men and women with the opportunity to live, work, and socialize together in a dynamic leadership environment. The activities in which you will become involved will be focused upon contemporary problems, ethical situations, and decision making that will contribute to your development as a leader.

As a Camp Neidig participant, you will find that your days and nights will be filled with a variety of activities oriented towards leadership. Most of your time will be structured in such programs as group discussions, problem solving, team building, guest presentations, and outdoor activities. Perhaps the greatest benefit that you will receive will come from the opportunity of sharing this experience with the approximately 150 outstanding young men and women from about 80 high schools within this Rotary District. The friendships that you make will, in many cases, last a lifetime.

A member of your host Rotary Club, or your principal or guidance counselor, can provide the names of former campers to you. In addition, please check out our Camp Neidig website at www.campneidig.com for more information or if you need to download lost forms. We are also on Facebook at www.facebook.com/RotaryCampNeidig and Twitter at www.twitter.com/CampNeidig.

Camp Neidig will be held at Camp Manatawny near Boyertown. Information about this camp can be found at www.manatawny.org

Following your arrival and registration at the camp, you will be assigned to an **unheated** cabin. Plan to bring a **sleeping bag** and clothing appropriate for such an environment. Most campers will wear T-shirts/polo shirts, shorts/jeans, and athletic-type sneakers. Please bring sufficient clothing to allow for two changes a day for four days.

Your camp counselors are all experienced in youth or leadership programs. They represent various professions or vocations. We all know that you will benefit positively from your daily interactions with the staff.

Important information that you should be aware of in preparation for camp is furnished on the back of this form.

Suggested Things To Bring

Sleeping bag	money for snacks
Pillow and pillow case	inexpensive camera
towels, soap and washcloth	poncho/raincoat (required)
toilet articles	laundry bag
shorts or jeans	watch
T-shirts or polo shirts	pen/pencils
socks	flashlight
sneakers or athletic shoes	Frisbees
(REQUIRED for Team Problem Activities – 2 pair recommended)	
sufficient underwear	Hair dryer
swimsuit & towel	sweater or jacket
Sweatshirt / Jacket	insect repellent
Props/instruments to be used in talent show or skits	a cooperative spirit

Things you Should Know and Do

1. Camp registration takes place on **Friday, June 17th from 1:00 PM to 2:30 PM**. The Camp program begins promptly at 3:00 PM! ***Please do not arrive before 1:00 p.m.*** The Camp is formally closed after the concluding ceremonies on Monday evening, June 20th at about 8:30 PM. **NO CAMPER is authorized to leave before that time.**
2. A member of your sponsoring Rotary Club will coordinate transportation arrangements both to and from Camp. Their name is on the letter to your parents. Lunch will **not** be served at Camp on Friday.
3. Each camp session and activity builds upon learnings and experiences from previous camp sessions and activities. For that reason, you will be required to remain at Camp through its duration, and to participate in all Camp sessions and activities. Leaving camp early or being excused from camp sessions will only be considered by the Camp Director on an exceptional basis for a family emergency. Any camper who leaves Camp early will not be permitted to return. If you cannot make a full commitment to the Camp Neidig weekend, please allow another young leader the opportunity to attend!
4. **You are not permitted to have a car or other vehicle at Camp.**
5. Our Camp is co-educational. We ask that you behave with decorum, respect, and good judgment in your interpersonal relationships with other campers. There will be separate housing arrangements for men and for women at the Camp. There will be no visiting or fraternization by the opposite gender in these designated cabin areas. **Any violation of these rules is grounds for immediate dismissal.**
6. Complete the online registration form that is listed on your camp materials as soon as possible.
7. **Please have your camp medical form completed by a doctor within 30 days of attending camp. Bring your completed medical form with you to camp on registration day. If you lose your health form you can download it from our website listed on the front page of this letter. PROOF OF VACCINATION AGAINST COVID-19 IS REQUIRED FOR ALL CAMPERS AND STAFF.**
8. Our blanket medical insurance policy will cover costs associated with accidents, etc. that exceed your basic hospital and medical policy coverage.
9. **We will NOT be responsible for lost or stolen items! Valuable items should be left at home.**
10. In order to benefit the most from your camp experience, we encourage you to concentrate on your camp environment and sessions by leaving your cell phone at home. If you do bring them, they must be turned off and in your cabin during all sessions and activities. They may only be used during free time periods. **Any interruption of camp sessions by these devices will not be tolerated.**

Dear Parents of Neidig Camper:

Congratulations on your child being chosen to attend Camp Neidig. The Rotary club of your community is interested in community leadership, not only for today but for tomorrow as well. Your son or daughter will, in a few years, be assuming some of your community's leadership positions. Rotary has assumed the task of helping to train our future leaders through a "Tomorrow's Leaders Camp" known as Camp Neidig.

Your Rotary Contact Person is _____ and can be reached
at _____. Their Rotary Club is _____.

The Rotary Club is responsible for bringing your child to camp in the afternoon on **Friday June 17th**. We strongly encourage you to bring your family and attend the Neidig Night dinner and celebration on **Monday June 20th**, BUT if you are unable to attend, your sponsoring Rotary Club will provide transportation home as well. Tickets must be purchased online and the deadline is the Monday prior to the start of camp. Details on this final night of camp can be obtained from your Rotary Contact Person.

Camp Neidig is held at Camp Manatawny, near Boyertown, PA. The camp's objective is to offer outstanding high school students an opportunity to live, work, and play together in an atmosphere of cooperation and team building which will offer a challenge to accept the responsibilities of leadership. Much of your daughter or son's time will be structured with programs such as group discussions, guest speakers, sports, and group activities as well as a camp yearbook. Perhaps the greatest benefit will come from sharing this experience with the approximately 150 other outstanding young adults from about 80 high schools in Southeastern Pennsylvania.

You should know that your local Rotary Club has a significant cash investment in each of the campers that they sponsor. For this reason, we ask you to consider the commitment of your child's time to camp to be a critical factor in accepting this invitation. Since the camp period is short and very intense, **we require every camper to arrive on time and stay for the duration of the camp – No Exceptions!** If a commitment to this policy is not possible, we ask that your son or daughter decline this invitation. We would like this opportunity to be available to those young leaders who will gain the most by their full participation. If for some reason attendance seems impossible after acceptance, please notify your sponsoring Rotary Club immediately so that another student can take advantage of this opportunity.

It is extremely important that you work with the sponsoring Rotary Club's Neidig Chairperson to make sure your registration includes the correct sponsoring Rotary Club information. They will also be able to help answer questions you may have about the camp and any drop off / pickup logistics.



In addition, the "Camp Health History and Examination Form" **must** be completed by you and your child's physician within 30 days of camp and **brought with your child to camp when they arrive on Friday!** **NEW THIS YEAR, BECAUSE OF THE ON-GOING COVID-19 PANDEMIC ALL CAMPERS (AND STAFF) MUST BE FULLY VACCINATED AS DEFINED BY THE CDC IN ORDER TO ATTEND CAMP. PROOF OF VACCINATION WILL BE REQUIRED DURING ON-LINE REGISTRATION**

Since our camp is co-educational, please help us emphasize to your young adult the importance of every camper respecting the privacy of the campsites of the opposite gender. **Cabins are off-limits to the opposite gender 24 hours a day!** Any fraternization in a cabin by the opposite gender is grounds for immediate dismissal from the camp. **Also, campers are not permitted to have personal vehicles at camp.** Please check with your Rotary representative to see if they will be providing transportation.

Thank you for your interest and that of your teenager in the Rotary Camp Neidig program. Further information about this camp experience, as well as camp forms, can be found on our website www.campneidig.com. Any specific questions may be addressed to your Rotary Contact Person. Or you can contact any of the Camp Neidig Committee listed below.

QUESTIONS

Call any of the Camp Neidig Committee

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

Sincerely,

Charles J. Incalcaterra, D.M.D., Chairperson
District 7430 Camp Neidig Committee
cjidmd@ptd.net

Wendy G. Body, Co-Chairperson
District 7430 Camp Neidig Committee
wgbody@butz.com



NEIDIG NIGHT 2022

Mon. June 20th at 6:00 PM

THE BEST FAMILY DINNER AND CLOSING CELEBRATION AT CAMP MANATAWNY (site of CAMP NEIDIG)

- Campers, families, friends and Rotarians celebrate the conclusion of camp.
- Featuring a great **Chicken BBQ Dinner** and fun **Closing Ceremony!**
- **BBQ Dinner tickets are \$17.00 per person.** Order your tickets **NOW** so we'll be sure to have plenty for everyone. **Do not include campers, their dinner is already included with the camp fee.**
- **All orders must be placed online and the deadline to order tickets is the Monday prior to the start of camp.**
- Vegetarian Patties on a Roll are also available for the same \$17 per person fee.
- Camp Manatawny is located at 33 Camp Road, Douglassville, PA. This is off Route 562, one-half mile east of Yellow House, PA. You can also view a map from our website at CampNeidig.com

To pay via credit card online:
<http://neidigbbq2022.eventbrite.com>

Online payment includes small processing fee

Questions?

Call Jill at (610) 655-7575 or email jmeade@certapro.com

CAMPER HEALTH HISTORY FORM1

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

american **CAMP** association®

ROTARY DISTRICT 7430 – CAMP NEIDIG

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

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

Camper Name: _____
First Middle Last

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

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

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

Camper Home Address: _____
Street Address City State Zip Code

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

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

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

Second parent/guardian or other emergency contact:

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

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

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

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

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

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

Medical Insurance Information:

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

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

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

Parent/Guardian Authorization for Health Care:

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

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

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

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

CAMPER HEALTH HISTORY FORM 1

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

Camper Name: _____

First

Middle

Last

Birth Date: _____
Month/Day/Year

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

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						
COVID-19						

Tuberculosis (TB) test Date: _____ ☐ Negative ☐ Positive

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

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

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

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

Acetaminophen (Tylenol)
Phenylephrine decongestant (Sudafed PE)
Antihistamine/allergy medicine
Diphenhydramine antihistamine/allergy medicine (Benadryl)
Sore throat spray
Lice shampoo or cream (Nix or Elimate)
Calamine lotion
Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)
Pseudoephedrine decongestant (Sudafed)
Guaifenesin cough syrup (Robitussin)
Dextromethorphan cough syrup (Robitussin DM)
Generic cough drops
Antibiotic cream
Aloe
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

CAMPER HEALTH HISTORY FORM 1

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

Camper Name: _____

First

Middle

Last

Birth Date: _____
Month/Day/Year

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

Has/does the camper:

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

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

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

Has the camper:

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

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

Health-Care Providers:

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

Phone: (_____) _____

Name of dentist(s): _____

Phone: (_____) _____

Name of orthodontist(s): _____

Phone: (_____) _____

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

Recommendations for Licensed Medical Personnel
FORM 2

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

american **CAMP** association®

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

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

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

Camper Name: _____
First Middle Last

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

Camper home address: _____

City _____ State _____ Zip Code _____

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

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

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

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

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

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

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

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

Allergies: ☐ No Known Allergies

☐ To foods (**list**):

☐ To medications: (**list**):

☐ To the environment (**insect stings, hay fever, etc. – list**):

☐ Other allergies: (**list**):

Describe previous reactions:

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

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

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

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

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

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

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

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

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):