

MUSIC ART DANCE



Summer 2021

## CAMP POLICIES AND GUIDEBOOK

Due to the conditions of the COVID-19 Pandemic,  
we are making adjustments to summer camps for  
the safety of your children and our staff.

LEARN MORE  
513•948•1900  
[MusicArtDance.org](https://MusicArtDance.org)

MUSIC ART DANCE  
Wyoming Fine Arts  
**CENTER**

Summer 2021

# CAMP POLICIES AND GUIDEBOOK

Onsite Summer Camp Policy . . . . . pg. 3  
and Procedures

Prior to Camp Arrival . . . . . pg. 4  
PRE-SCREENING

Wyoming Fine Arts Center . . . . . pg. 5-7  
Protocol

American Camp Association . . . . . pg. 8-11  
Camper Health History Form

Social Media Permission Form . . . . . pg. 12

Consent and Signatures . . . . . pg. 13

Please review this document completely and fill out all  
forms to ensure your child's spot at camp.

## Wyoming Fine Arts Center Onsite Summer Camp Policy and Procedures

Wyoming Fine Arts Center (The Center) is committed to the safety of our faculty, staff, and campers. As we begin the summer camp season, we want to share with you how we want to engage with campers this year.

In order to provide the best camp experience for everyone, The Center is following the CDC Guidelines, The American Camp Association Guidelines, the Hamilton County Public Health Guidelines, and the protocols outlined by Governor Mike DeWine.

While we know this may seem extreme, we are taking every precaution we can to minimize an outbreak at our facility.

We have included the following protocols:

- CDC Fever Definition
- COVID-19 Protocol
- Assumption of Risk
- Pre-arrival Protocol
- Wyoming Fine Arts Center's Process
- Faculty Responsibility
- Camper's Responsibility
- Parent's Responsibility
- Check In/Check Out Process
- Sick Protocol/Credit for Missed Days
- Social Distance Policy

**CDC Fever Definition** – A fever is a temperature of 100.4 degrees F.

### COVID-19 Protocol

- If a camper, or family member has been exposed to someone who has tested positive for COVID-19, then the camper must be symptom free for 14 days before they are able to attend a camp session.

### Assumption of Risk

- An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens, and guests with underlying medical conditions are especially vulnerable. By visiting Wyoming Fine Arts Center you voluntarily assume all risks related to exposure to COVID-19.

## Prior to Camp Arrival - PRE-SCREENING

Wyoming Fine Arts Center encourages parents and campers to begin pre-screening 14 days before camp begins in accordance with the American Camp Association's Guidelines.

Please track the following:

- Temperature -Taking and recording the camper's temperature for 14 days before camp (refer to the individual instructions provided with your thermometer).
- Self-screening for the presence of symptoms (fever of 100.4 °F or greater, cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, vomiting, etc.) within the past two weeks.
- No national or international travel for the two weeks prior to camp.
- In compliance with the Ohio Department of Health, those entering Ohio after travel to states reporting positive testing rates of 15% or higher for COVID-19 are advised to self-quarantine for 14 days. If you have traveled to one of these states, please reschedule your camp.
- If the family or camper has been in close contact with a person who has been diagnosed with, tested for, or quarantined as a result of COVID-19, please reschedule your camp.

Camper's Name: \_\_\_\_\_

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
Date	_____	_____	_____	_____	_____	_____	_____	
Time	_____	_____	_____	_____	_____	_____	_____	
Temperature	_____	_____	_____	_____	_____	_____	_____	
	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Date	_____	_____	_____	_____	_____	_____	_____	<b>First Day of Camp</b>
Time	_____	_____	_____	_____	_____	_____	_____	
Temperature	_____	_____	_____	_____	_____	_____	_____	



## Wyoming Fine Arts Center Protocol

- Camps will be limited to nine (9) students per camp.
- There will be one teacher per nine (9) students. One floater staff member will be available in the Center for additional support.
- Each camp will use a designated entrance, classroom, and restroom. Campers are required to stay within their specific unit for the duration of the camp week.
- All documentation must be completed online/electronically 24 hours before campers arrive.
- All payment must be made one week in advance of camp. Payment should be made via credit card only. No cash or checks will be accepted.
- Sibling discounts are not available for onsite camps this year.
- All campers should arrive within the first 15 minutes of camp for check in. Late campers will forfeit the day with no refunds.
- All campers must be picked up no later than five minutes after camp or a \$1 per minute late pick up fee will be incurred each day and automatically charged to the credit card on file.
- No one, including parents and siblings, can be in the building during camp time except for campers, and staff.
- Each day, after camp, our facility will be cleaned by a professional cleaning company including, but not limited to restrooms, banisters (indoor and outside), and floors vacuumed. High touch areas in the room are the teacher's responsibilities to be cleaned through the day.

### Faculty Responsibilities

#### *General responsibilities:*

- Wear a facial covering that includes covering mouth, nose, and chin.
- Sanitize hands after working with any individual camper before interacting with the next camper.

#### *Beginning of camp:*

- Meet the campers in the drop off location.
- Take temperatures of campers as they arrive.
- Clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each camper.
- Provide hand sanitizer to each camper upon arrival.
- Escort the campers to designated areas.
- Have Fun!

#### *During camp:*

- Make sure campers wash their hands regularly.
- Ensure social distancing between campers.
- Allow campers time to eat their snacks.
- Campers can play outside in designated areas. Areas will rotate each day between camps.
- Communicate with staff for any additional needs that may arise throughout the day.

#### *After camp:*

- Escort campers to designated pick up locations.
- Confirm with photo ID of person responsible for pick up.
- Clean high touch areas in their room.

### Camper Responsibilities

- Be between the ages of 5 – 18 years of age (5 year olds must be entering kindergarten in the fall)
- Being healthy, no fever, no cough
- Prior to arrival, make a sign with their name, on at least 8 1/2 x 11, to be placed on their parent's dashboard for the pick up process.
- Bring a water bottle daily.
- Bring one snack for each camp they are attending per day. (Peanut and tree nut free.)
- Bring a packed lunch if they are registered for lunch in between camps. (Peanut and tree nut free.)
- Maintain appropriate social distance with fellow campers.
- Listen to teachers and Wyoming Fine Arts Center staff.
- Dress comfortable with sneakers – no open toed shoes.
- Wear a mask at all times at The Center, inside and outside of the building.
- Wash their hands regularly, and when asked by faculty.
- Having Fun and Be Creative!

### Parent Responsibilities

- Ensure their child is healthy each day of camp.
- Talk to your child about The Center's check in/check out procedures including the importance of having their temperature taken.
- Wearing a mask is required for all campers. Provide a mask for your child and explain their importance.
- Provide a water bottle, one snack per camp, and lunch if applicable. The Center does not provide lunch.
- Explain to child the rules of social distancing.
- Explain to child the importance of washing their hands often.
- Stay in the car for pickup and drop off.
- Have all forms, and payment submitted to The Center 24 hours before camp begins.
- Make sure to place your child's sign on your dashboard for easy pickup.

### Check in/Check Out Protocols – include authorized persons for child contact

- Only the camper should leave the vehicle.
- Campers will be required to have their temperature taken prior to parent leaving the premises.
- Campers cannot enter the building until temperature is taken and hand sanitizer applied. They must wait for their teacher to escort them.

### Pick Up Process

- Pick up camper in the same location that drop off occurred.
- Please stay in your vehicle.
- Make sure to place your child's sign on your dashboard for easy pickup.
- Please have a photo ID available for pick up to confirm identity match with paperwork on file.

### Sick Protocol

- Parents know their child best. If you do not feel that the child is well, regardless of a fever, please keep them home.
- If a child is sick, they will not be allowed at camp. No refunds will be given, only credit to another week.

### Social Distance Policy

According to the State of Ohio Director's Stay Safe Ohio Order, social distancing requires maintaining a six (6) foot social distancing for both employees and members of the public at all times.

## Check in/Check Out Protocols - Drop off and Pick Up Locations

We have three drop off points. Parents must drop off and pick up students at these locations when checking in and checking out of camp. AM camps are 9am-12pm. Lunch is 12pm-1pm. PM camps are 1am-4pm. There are designated locations for each camp and they are listed as follows:

Date/Time	Class Name	Location	Date/Time	Class Name	Location
May 17-21 10am-11am	Going on a Bear Hunt	Art Side Door	July 5-9 AM	Garden Art	Art Side Door
June 7-11 AM	Cicada Condo Camp	Art Side Door		Stop Animation	Ballroom Door
	Cardboard Building	Ballroom Door	PM	Space Art Camp	Art Side Door
PM	Mini Musical 1	Ballroom Door		Carnival of the Animals	Ballroom Door
	Pour That Paint!	Art Side Door	July 12-16 AM	Egypt - Age of the Pharaoh	Art Side Door
June 14-18 AM	Robots	Ballroom Door		Choir Camp	Ballroom Door
	Guitar Star 1	Front Door	PM	Superheroes	Ballroom Door
PM	Collage Exploration	Art Side Door		Paint Your Heart Out	Art Side Door
	Dragons	Art Side Door	July 19-23 AM	Dr. Seuss Camp	Art Side Door
	Comics/Anime Books	Ballroom Door		Drawing Camp	Ballroom Door
June 21-25 AM	Fashion Camp	Art Side Door	PM	Fairies	Art Side Door
	Rock n' Roll Exploration	Ballroom Door		Printmaking	Ballroom Door
	Spinning - Art of the Mobile	Front Door	July 26-30 AM	Guitar Star 2	Front Door
PM	Art Extraordinaire	Ballroom Door		Upcycle Art	Art Side Door
	Just Dye It!	Art Side Door		Chamber Workshop	Ballroom Door
June 28 - July 2 AM	Lego Art Camp	Art Side Door		High School Mural Camp	Art Side Door
	Creating with Light	Front Door	PM	Mini Musical 2	Ballroom Door
	String Fling	Ballroom Door		Star Wars	Art Side Door
PM	Cats	Art Side Door	August 2-6 AM	Super Sculpture	Art Side Door
	Birds of a Feather	Ballroom Door		Harry Potter	Ballroom Door
			PM	Beginner Piano Camp	Font Door
				Mural Camp	Art Side Door
				Fiddle Camp	Ballroom Door

Parents and children attending Musik Kids Family Music or Pre-Piano classes must check in at the front door before proceeding to the classroom. Please visit MusicArtDance.org for class times.

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



## American Camp Association Camper Health History Form

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

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Month/Day/Year

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: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
If different from above Street Address City State Zip Code

*Second parent/guardian or other emergency contact:*

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**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 below*

**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.*

**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)						

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

**If your camper has not been fully immunized, please sign the following statement:**

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

Signature of Custodial

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**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 Elimite)  
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)

**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                                 | 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/does 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? .....                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**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.

**Parents/Guardians: STOP here.** The rest of this form is completed when the camper arrives at camp.  
Keep a copy for your records.



### Individual Health Record (For Camp Use Only)

**Initial Screening**      Date/Time: \_\_\_\_\_      Initials: \_\_\_\_\_

- ☐ Screening has been conducted according to camp protocol and significant findings noted as follows:
- A. Any signs/symptoms of illness or injury upon arrival?..... ☐ No ☐ Yes, as noted below
- B. History of exposure to communicable disease?..... ☐ No ☐ Yes, as noted below
- C. Additions or corrections to information on this health history?..... ☐ No ☐ Yes, as noted below
- D. Medication given to health-care staff?..... ☐ No ☐ Yes, as noted below
- E. Any signs/symptoms of head lice? ..... ☐ No ☐ Yes, as noted below

**Provider Notes:** (date/time/initial all entries)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

**Exit Note:** Check one of the following:

- ☐ Left camp this day with no reported illness or injury symptoms.
- ☐ Left camp this day with the following problem/concern:

This person was told about the problem and instructed about follow-up as noted above: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Initials: \_\_\_\_\_

## Social Media Permission Form

Please indicate your approval for the video to be shared online by answering these questions. The Center will honor your preference.

- \_\_\_\_\_ YES, I give The Center approval to post my child's performance on The Center's **public** YouTube Channel and other social media platforms.
- \_\_\_\_\_ NO, I do not give The Center approval to post my child's performance on The Center's **public** YouTube Channel and other social media platforms.
- \_\_\_\_\_ YES, I give the The Center approval to post my child's performance on The Center's **private** YouTube Channel. This link will be shared to those only associated with the Wyoming Fine Arts Center and the Faculty's students.
- \_\_\_\_\_ NO, I do not give the The Center approval to post my child's performance on The Center's **private** YouTube Channel. This link will be not be shared with anyone other than the immediate family of the student and the staff of The Center.

We would like to be able to publicly share these videos so our students can see their accomplishments. However, we know that many families are concerned with privacy and cyber bullying. The Center's policy with videos including children will have all comments closed.

*If you have any questions or concerns:*  
director@musicartdance.org  
513.948.1900

## Consent and Signatures

I have read and understand the Wyoming Fine Arts Center Guidelines outlined in this document.  
I understand that there is an inherent risk of exposure to COVID-19 that exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and guests with underlying medical conditions are especially vulnerable. By visiting and sending my camper to the Wyoming Fine Arts Center I voluntarily assume all risks related to exposure to COVID-19. The Center will not be held responsible if the camper contracts COVID-19 while at the facility.

---

Parent Signature

---

Parent Printed Name

---

Date