

Camp Pumziko

Annual Sleep

Away Camp

2019 Registration Packet

Greetings Camp Pumziko Families!

*Thank you for expressing interest in the **2019** Camp Pumziko. Included in this packet you will find important information concerning your child's upcoming camping experience. Please review it fully and carefully.*

We make every effort and do our very best to make sure your child's stay is most memorable and enjoyable. To this end, the partnership between parents/guardians and camp staff is crucial in providing all attendees a safe, pleasant, powerful and rewarding outing.

This 7-day - 6-night annual camp is for all genders of youth, age 6 – 17 years old. Our goal is to promote a sense of pride in our Afrikan heritage, as well as discipline, and responsibility to make the communities we live in respectable, viable, and safe.

Our first Camp Pumziko was held in July of 1994 at Oak Mountain State Park, Pelham, Alabama. Community Aid Development, Corp. (CAD), the New Afrikan People's Organization (NAPO), the New Afrikan Scout Organization (NASO) and the Malcolm X Grassroots Movement (MXGM) sponsor the camp.

*This year we will begin welcoming campers at FDR State Park's Small Group Camp site on **Sunday, July 7, 2019** at 4 pm and will dismiss everyone on **Saturday, July 13, 2019** no later than 6 pm. The first meal served will be dinner, on **Sunday, July 7th**, after 6 pm.*

*'Family Day' is held on the last day of camp - **Saturday, July 13th**. Activities will begin at 12 noon. Please come prepared to have a rollicking-fun-packed day with your camper and departing with them that evening.*

By providing the staff, and sharing with your child, all the appropriate information you can help ensure your child's summer camp experience will be fun, positive, and enjoyable.

Please locate, complete and submit all the necessary forms for camp attendance at the end of this packet.

If you have any questions, please feel free to reach out to your local contact person or the camp director at any point.

Thank you,

Sala Cyril

Camp Director

skcyril@aol.com

Table of Contents

Pre-Camp

Required Forms	3
Cost & Payments	4
Cancellations	4
Local Contact Information	4
Orientation	4
Luggage/Baggage	4
Packing List	5
Prohibited Items	6
Hair	6
Laundry	6
Labeling Items	6
Camp Canteen	6

Arrival & Departure

Arrival	7
Transportation	7
Departure, Inspection & 'Family Day'	7

Camp Stay

Medical Services	8
Phone Calls	8
Homesickness	8
Birthdays	8
Respectful Behavior	8

Daily Schedule

9

Post-Camp

Refunds	9
Lost and Found	9
Feedback	9

Forms

Consent	10
Photo/Video - Release Authorization	11
Disciplinary Rules & Acknowledgement	12
Camper Information	13
Transportation/Alternate Pick-Up Authorization	14
Medical - Information, Authorization & Release	15
Physical Examination	16
Vaccination Exemption	17

Directions

19

PRE-CAMP

Medical Forms

All campers **MUST** submit completed medical forms signed by a parent or guardian. This permits us to secure appropriate emergency medical treatment should it be necessary, and we are unable to contact you immediately.

Your child is required to have a physical exam done by a licensed physician within 12 months of the first day of camp. The 'Physical Examination' portion of the form should record all exam results and must be signed by a licensed physician.

State health laws require we have the administration date (month/year) of the most recent DTAP, Varicella and MMR immunizations for each camper up to 19 years old. If scheduled vaccinations have been declined by the parent/guardian, for religious belief, disbelief, or any other reason, please submit a ***signed and notarized*** 'Exemption of Immunization Requirements' form.

Please complete, and return all medical forms to your local camp representative **one month** prior to the first day of camp. You may want to keep a copy for your records

Medication/s

All medication (prescription and non-prescription) must be turned into the camp's medical staff for safe storage. Please make sure all medications are sent in their original container and properly marked with the camper's name. This includes any supplements, vitamins, herbs, ointments, creams, or magic potions.

We will not accept a plastic bag with loose pills or tablets.

All prescription medication must be written for the child for whom it is intended.

TIP: Please send an adequate amount of medication to ensure your child will not run out while at camp. If nebulizer treatments may be necessary, you must provide the machine. We do not have access to nebulizers.

If any health information, prescriptions, or medical condition changes after submitting completed medical forms, please provide written notification upon arrival.

Additional Forms

All of the following forms, included at the end of this packet, need to be submitted **one month** prior to the start of camp:

- Consent
- Photo/Video Release
- Disciplinary Rules Acknowledgement
- Camper Information
- Transportation/Alternate Pick-Up Authorization

Cost & Payments

A non-refundable deposit of \$50 for each child is required to hold each space.

New Afrikan Scout Organization (NASO) member cost per child:

Early Bird special - \$300 before **June 1st** \$350 after **June 1st**

**Non - NASO member cost per child:

Early Bird Special - \$350 before **June 1st** \$400 after **June 1st**

Suggested Payment Plan for NASO 'Early Bird' Registration – Discount Rate

1st payment: March - \$50.00

2nd payment: April - \$75.00

3rd payment: May - \$75.00

4th - final payment: June - \$100.00

***Suggested Payment Plan for Non-NASO "Early Bird" Registration – Discount Rate*

1st payment: March - \$75.00

2nd payment: April - \$75.00

3rd payment: May - \$100.00

4th - final payment: June - \$100.00

There is a \$50 sibling discount per child. This fee does NOT include the cost of transportation. Please speak with your local contact to determine transportation cost.

The total fee must be paid by **June 30, 2019**. All forms must be received no later than one month prior to the start of camp. Checks, money orders or cashier checks should be made payable to: Community Aid & Development (CAD). Personal checks cannot be accepted less than one month prior to the start of camp.

A personal check will not be accepted if a pervious check has been returned unpaid – bounced like rubber.

You can use a credit card - Visa, Master Card, or American Express – when paying online at our website www.cadnational.org. Click on the 'Camp Pumziko' button.

Cancellations

No refunds are issued after **June 7, 2019**.

Local Contacts Information

Atlanta, Georgia - Watani Tyehimba: watani@tyehimba.com; 404-288-6075

Oakland, California - Kana Azhari: healthiswealth21@gmail.com; 510-356-7866

Brooklyn, New York - Sala Cyril: salac@aol.com; 917-674-0618

Orientation

Check with your local contact representative regarding the date, time, and location of the parent/camper orientation held in your area to address questions, and clarify any concerns.

Luggage/Baggage

All bags (back pack/luggage/duffle bag) should be clearly labeled on the **outside** with a luggage tag or permanent marker. All clothing should be labeled on the clothing tag, inside collar or inner waistband with the camper's name or initials.

Packing List

Youth, under parental supervision, should carefully pack their own personal items. Please ensure there are adequate necessities for the entire length of the stay. Make a list of everything they are bringing and refer to it upon departure to help ensure none of their stuff is left behind.

1. Backpack/luggage/duffle bag
2. Sleeping bag or bed roll
3. Flashlight with extra batteries
4. First Aid Kit (small)
5. Toiletry kit (toothbrush, toothpaste, soap, brush/comb, lotion, deodorant, sanitary napkins)
6. Wash/face cloth
7. Large drying towel
8. One toilet paper roll
9. Clothing suitable for expected weather and activities
10. Sleepwear/pajamas
11. One pair of old, comfy sneakers and/or hiking boots
12. One pair of shower shoes (i.e. - flip flops, clogs, crocs)
13. Coat, jacket, sweater *or* sweatshirt
14. Several pairs of socks and underwear
15. Raincoat or poncho with a hood - *no umbrellas allowed*
16. Refillable water bottle
17. Swim suit *or* speedo
18. Insect repellent
19. Hat
20. Watch
21. Notebook & pen *or* pencil
22. Mess Kit – fork, spoon, knife, plate, cup

**** We are not responsible for any left, lost, tossed or damaged personal property.**

****Cash - If your child brings money to make purchases from the camp canteen, please turn it in at the check-in time. The amount will be noted on the camp form roster.**

TIPS

- The most important tip is to ***LABEL EVERYTHING!***
- Involve your child when packing. Campers often don't know what they have because they didn't pack their own belongings.
- Please keep in mind that this is a nature camp, not "fashionista" camp, so don't send your child's best clothes or shoes.
- Laundry services are not available – no washing machine or dryer.
- We suggest you make a list of all items brought to camp for your child's reference when preparing to depart.

PLEASE SEND YOUR CHILD WITH ONLY ONE BACK PACK/LUGGAGE/DUFFLE BAG.

Stick To The List And We'll All Be Happy Campers - Rain Or Shine!!!

Prohibited Items

DO NOT bring the following items to camp:

- Any electronic devices including: iPods, cell phones, E-readers, tablets, game devices, etc.
- Valuable jewelry – diamonds, Rolex or family heirlooms

If your child brings any of the above items, it will be confiscated, withheld, and given to the camper's parent upon departure.

- Personal food items - If your child requires specific food items, it must be stored in the kitchen to avoid ants, or wild varmints in the lodging cabins.
- Weapons or replicas of any kind - *Possession of these items will result in being expelled*
- Cigarettes/drugs/alcohol - *Possession of these items will result in being expelled.*

Hair

We strongly recommend youth with medium or long hair have it styled in a design that does not require brushing or combing unless they are able to maintain it themselves. We will be swimming daily and are unable to provide daily grooming.

Laundry

No laundry services are available on site - washing machine or dryer.

Labeling Items

All personal items and clothing should be clearly labeled using a permanent marker on tags, inside collars, inner waistband with your child's name or initials. All bags should be clearly labeled on the outside.

Camp Canteen

Your child will have an opportunity to purchase snacks, beverages and 'Camp Swag' from the camp canteen in the evening with monies turned in at their arrival. Please make sure the amount of store credit is correctly reflected on the camp form at the time of check-in. It is your child's responsibility to budget their allowance.

Healthy Bodies

We are trying to identify ways for campers to develop and maintain 'healthy bodies' while at camp. Therefore, the following points are essential:

- Water is provided throughout the day. There are several water locations on the premises, however a refillable water bottle, would be much more convenient and help ensure your child drinks a sufficient amount daily. Remember to label the container.
- Fresh fruit is served at every meal. Your child will also have the option of purchasing healthy snacks from the camp canteen in the evening.

Please discuss the importance of drinking water and eating healthy with your child.

ARRIVAL AND DEPARTURE

ARRIVAL

Camper's arrival time is scheduled for **Sunday, July 7, 2019**, at 4:00 pm. A staff member will assist with check-in and confirm all camping forms are received. We want everyone to be available to meet and greet your beautiful faces upon your arrival, so please do not arrive before we are ready. You will be asked to wait in your vehicle until 4 pm should you arrive early.

Note: The first meal served will be dinner on **Sunday, July 7th** *after 6 pm.*

TRANSPORTATION

Please complete and return the transportation form if you are unable to provide transportation for your child. There are **fees** associated with transportation, so please check with your local contact person to confirm the cost, pick-up & drop-off locations, and times.

DEPARTURE, INSPECTION AND 'FAMILY DAY'

In order to minimize disruption to the program flow, and maintain camp security, visitors are allowed only on 'Family Day' – the last day of camp. Activities will begin at 12 noon and conclude at 6 pm.

Since dismissal is permissible throughout the last day, 'Family Day', please notify your youth's camp counselor, or a member of the camp administrative staff before leaving for your child's security and safety.

***If someone other than a parent/guardian will be picking up your child, the bottom of the 'Transportation' form must be completed, authorizing camp staff to discharge your child to that specific individual.

Photo identification may be requested.

TIP: We strongly recommend listing multiple adults authorized to pick-up your child. Travel plans are susceptible to change for a variety of reasons (i.e. – tornados; tsunamis; earth quakes; volcano eruptions).

Thank you in advance for understanding, complying, and assisting camp staff by following the appropriate checkout procedures for everyone's security and safety.

Packing for Departure

When picking up your child, please be sure they have ALL of their belongings, including arts and crafts, prescription glasses, medication/s, sleeping bag, and clothing before departing.

We are not responsible for any left, lost, tossed or damaged personal property.

CAMP STAY

Medical Services

Emergency medical services will be provided whenever deemed necessary. We reserve the right to call a physician or transport your child for urgent/emergent care.

If medical services, admission to a hospital, or a surgical procedure is required, the Camp insurance policy will be considered secondary or supplemental (up to \$5,000.00) to your personal medical insurance policy. **This coverage excludes any pre-existing conditions.**

Phone Calls

Part of any camping experience is being away from familiar home surroundings – getting out of the nest and learning to spread your wings - live independently. Hence, campers are not permitted to call, text, tweet, face time, share, post, hash tag, instant message, Skype, or send Morse code signals home except on the designated ‘Call Day’, which is Wednesday. That is the only day children who request, are allowed to call their parents. It is **NOT** a day designated for parents to call their children. Please help us by explaining this to your child prior to camp check-in. Be assured that we will call you if the need arises.

There is no cell phone service on the campgrounds. If there is an emergency, that would directly affect/involve your camper, we can be reached by calling the State Park’s Assistant Ranger who will relay a message to us. Their direct landline number is **706-557-3016**.

Homesickness

New campers may have some degree of homesickness around bed and/or mealtime. First-time camper parents may experience this feeling too! The reasons are the same. Activities are at a lull. You have a moment to realize that the dinner table looks different, people are missing and/or you see unfamiliar faces, plus you’re sleeping arrangements are different. Realization hits - “I miss home”. This may *NEVER* come up... but if it does, it is completely normal. Our counselors understand and are there for your child during these brief moments. They will console them and reflect on all the many great things – fun, discovery & learning activities – that occurred during the day. And then refocus their thoughts on the upcoming activities planned for the next day.

A camper who has an early spell of homesickness will most likely regress if they have to receive a phone call from a saddened or depressed parent. Imagine them being pulled away from all the fun camp activities they’re enjoying to have to travel the State Park’s Assistant Ranger office. Suddenly they feel an emotional rush of sadness, guilt, and remorse. It washes away all the good progress your child has made.

Birthdays

If your camper’s birthday occurs during their stay, please inform us upon arrival, so we can make appropriate plans to acknowledge and celebrate their special day with the entire group.

Respectful Behavior

Our goal is for both parents and camp staff to set clear expectations regarding camper’s behavior. Should your child choose not to behave in a responsible, honest, caring, and respectful manner, they may be expelled. The guidelines for such behavior can be found on the ‘Disciplinary Rules and Acknowledgment’ form. Please make sure you review them thoroughly with your child. Facilities, and grounds are inspected daily - equipment after each use. If damage is found, campers will be charged accordingly for any necessary repairs or replacement.

CAMP PUMZIKO

Water Safety Rules

Parents:

We suggest you review with your child, two or three times, all of the water safety rules and procedures to insure they understand them fully.

To insure camper's safety while engaging in water activities, all swimmers are paired utilizing the 'Buddy System'.

They should introduce themselves to each other and be able to tell staff their partner's name.

Their partner should have a similar level of competency so they are more likely to feel comfortable staying in the same depth of water.

'Buddy Checks' should be done routinely, every 20 – 30 minutes. All activity will stop when the Lifeguard/s signal by blowing a whistle.

After a visual check of the pool bottom, and verifying pairing status, the Lifeguard will signal when the check is complete, and it is okay to resume the swimming activity.

Whenever a Lifeguard blows a whistle, everyone should immediately stop - freeze, look at the Lifeguard, and follow their instructions carefully.

Daily Schedule

GOOD MORNING! The day begins at 6:30 a.m. *Rise and shine.*

- Line Formation
- Exercise
- Snack
- Cabin clean-up/inspection

BREAKFAST

- AM Activities/program

LUNCH

- Relax/free Time
- PM Activities/program
- Swimming

DINNER

- Games
- Umoja (Unity) Circle around the campfire

LIGHTS OUT! Varies upon age and group. *Good night...sleep tight!*

- Between 10:00 – 11:00 p.m.

POST CAMP

Refunds

Cancellations made by **June 8th** will receive a refund, minus the non-refundable \$50.00 deposit. No full or partial refunds will be issued after that date. Travel expenses are non-refundable. In situations when a camper is expelled for disciplinary reasons, no refund will be issued.

Lost and Found

Staff members will do their best to make sure your child packs all of their belongings upon departure. Ultimately it is the child's responsibility to keep up with their stuff. This is why we stress the importance of labeling everything!

If you find items missing or find extra stuff when your child's things are unpacked at home, please call your local camp representative with a description of the item. If we are able to locate any missing items, return postage will need to be paid in advance.

All socks, underwear and toiletries left behind will be discarded for sanitary reason – yuck!

Feedback

We would appreciate it if you could take a few minutes to provide your impression of Camp Pumziko. It doesn't matter if this is your first time or you're a returning participant. The feedback provided is very important in helping us grow and improve the overall camping experience. Your comments will help us plan future camps. Please forward to any feedback to your local camp representative or email them to the Camp Director: salac@aol.com Thank you in advance for your input.

CAMP PUMZIKO CONSENT FORM

My child, _____,

age 6 – 17 years old, has my permission to attend Camp Pumziko. I release the New Afrikan Scout Organization (NASO); Community Aid & Development, Corporation (CAD); the New Afrikan People’s Organization (NAPO); the Malcolm X Grassroots Movement (MXGM); its sponsors and personnel, and the property owners (lessee's if applicable) of the location; from any liability for any sustained injury to person and/or damages to property, which may result from conditions beyond reasonable control connected to Camp Pumziko.

I understand and acknowledge that as part of the camping experience there are indoor and outdoor activities that inherently present a risk of injury including, but not limited to: cooking; hiking; insect bites; swimming; horseback riding; boating; jogging; yoga; wild animals; whale watching; deep sea fishing,; sky-diving; rappelling; rock-wall climbing; gold mining; fracking; etc.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

CAMP PUMZIKO

Photograph & Videotape Release Authorization

I, _____
(parent's or guardian's name)

give permission for Camp Pumziko personal to photograph or videotape my child,

(child's name).

for the following purposes: (check each item to grant permission)

___ Display in Camp Pumziko scrapbook

___ Share with fellow Camp Pumziko camper's families

___ Display on Camp Pumziko web site

___ Use in Camp Pumziko promotional materials

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

CAMP PUMZIKO

DISCIPLINARY RULES & ACKNOWLEDGMENT FORM

Camper Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ DOB: _____ Nickname: _____

Parent/Guardian Name: _____

Address (if different from above): _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

We wish to give your child a rewarding, educational and loving experience with us as they participate in Camp Pumziko activities. To enable us to meet our objectives and maintain a harmonious environment we have identified some unacceptable behaviors, which would require you to pick up your child immediately.

Those negative behaviors are as follows:

**Theft and/or Damage to Property*

**Abusive Language*

**Intentional Injury to Self*

**Abuse/Bullying/Injury to Others*

**Possession and/or use of any Weapon*

**Possession and/or use of Cigarettes/Illegal Drugs/Alcohol*

I will instruct my child to honor and comply with the rules and regulations governing Camp Pumziko and its activities. Furthermore, I will abide by the disciplinary decisions made by the camp administrative staff.

Parent/Guardian signature: _____ Date: _____

Camper signature: _____ Date: _____

CAMP PUMZIKO TRANSPORTATION FORM

Camper's Name: _____ Date: _____

We encourage you to accompany your child to camp. This will enable you to see the camp facilities, afford you an opportunity to assist him/her to get settled, and meet some of the staff she/he will be spending time with during the upcoming week. When this is not possible, we do offer transportation for a fee from the following location:

Camp transportation will depart from: _____ at _____ pm on Sunday.

TOTAL TRANSPORTATION FEE \$ _____

****A transportation payment MUST accompany this form if transportation is required ****

ALTERNATE PICK-UP AUTHORIZATION

*Complete this section **ONLY** if someone other than the parent/guardian will pick up your child.*

No camper will be allowed to depart from camp by anyone other than the parent/guardian without the completion of this form. Photo ID may be requested.

Camper's name: _____ Arrival date: _____ Departure date: _____

1st Adult: _____ Relationship: _____
(Print)

2nd Adult: _____ Relationship: _____
(Print)

Parent/Guardian's name: _____ Cell Phone # _____
(Print)

Parent/Guardian approval: _____ Date: _____
(Signature)

CAMP PUMZIKO CAMPER INFORMATION

Print Camper's Full Name: _____ **Age:** _____

Date of Birth: _____ *Birthday at camp?* Yes ___ No ___ **Sex:** M F I

Grade entering: _____ Likes to be called: _____ **T-shirt size:** _____

New Afrikan Scout/Panther: Yes ___ No ___ If yes, which chapter : _____

Can your child swim: Yes ___ No ___ Taken lessons: Yes ___ No ___

Allergies: Food _____ Medicine _____ Environmental _____

Other _____

Nutritional diet: Regular: _____ Vegetarian: _____ Vegan: _____

Other: _____

Do you anticipate any emotional, behavioral or eating difficulties? Yes ___ No ___

Explain: _____

Seen by a professional to address mental/emotional health concerns within the last 12 months?

Yes ___ No ___ *Explain:* _____

Had any significant 'life event' (verbal/sexual abuse; death; disaster; undesired change in living situation; etc.) that continues to affect the campers life? Yes ___ No ___

Explain: _____

Any siblings attending camp: Yes ___ No ___

Name	Age
------	-----

1. _____	_____
----------	-------

2. _____	_____
----------	-------

3. _____	_____
----------	-------

4. _____	_____
----------	-------

CAMP PUMZIKO MEDICAL INFORMATION. AUTHORIZATION AND RELEASE FORM

Child's Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Other #: _____

Parent's Email: _____

Emergency Contact Information (person to call if you are unable to be reached)

Name: _____ Relationship to Child: _____

Cell #: _____ Other #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Ever hospitalized or had surgery? Yes ___ No ___ History of headaches? Yes ___ No ___

Ever had seizures? Yes ___ No ___ Ever fainted or had dizziness? Yes ___ No ___

Any chronic or recurring illness? Yes ___ No ___ Any heart condition? Yes ___ No ___

Any asthma/wheezing/shortness of breath? Yes ___ No ___ Diabetes? Yes ___ No ___

Explain any yes answers: _____

Please provide all necessary medical and psychological information for the safety and care of your child.

	Yes	No		Yes	No
Back/joint problems	___	___	Impaired hearing	___	___
Nosebleeds	___	___	Impaired vision	___	___
Skin problems	___	___	Glasses/contacts	___	___
ADD or ADHD	___	___	Wets bed	___	___
Sleepwalks	___	___	Menstrual problems	___	___

Medications currently being used: _____

Recent exposure to a communicable disease? Yes ___ No ___ If yes, disease name _____

Date of last: Tetanus (Dtap): _____ Chicken pox (Varicella): _____ Measles/ Mumps/ Rubella (MMR): _____

AUTHORIZATION & RELEASE This health history is correct to my knowledge, and the above named child has my permission to engage in all camp activities except as noted above. I hereby give permission to staff to provide acute health care and administer over-the-counter medications as needed. In the event I cannot be reached in an emergency, I give permission to administer treatment and authorize hospitalization. This completed form may be photocopied. I release Camp Pumziko, its sponsors and personnel, and the property owners (and lessee's if applicable) of the location of said camp, of any liability for any injury to person, which may result from conditions beyond the reasonable control of all parties connected to the above activity.

Parent/Guardian Signature _____ Date: _____

CAMP PUMZIKO

PHYSICAL EXAMINATION FORM

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____ / _____

Vision: R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

NORMAL ABNORMAL

MEDICAL

Appearance	_____ / _____
Eyes	_____ / _____
Ears/Nose/Throat	_____ / _____
Hearing	_____ / _____
Lymph nodes	_____ / _____
Heart	_____ / _____
Murmurs	_____ / _____
Pulses	_____ / _____
Lungs	_____ / _____
Abdomen	_____ / _____
Genitourinary (males only)	_____ / _____
Skin	_____ / _____

MUSCULOSKELETAL

Neck	_____ / _____
Back	_____ / _____
Shoulders/Arms	_____ / _____
Elbows/Forearms	_____ / _____
Wrists/Hands/Fingers	_____ / _____
Hips/Thighs	_____ / _____
Knees	_____ / _____
Legs/Ankles	_____ / _____
Feet/Toes	_____ / _____

Physical restrictions:

Name of physician (print/type):

_____ Date: _____

Address: _____ Phone: _____

Signature of physician: _____, MD or DO

c 2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American

VACCINATION EXEMPTION PURSUANT TO THE
OFFICIAL CODE OF GEORGIA ANNOTATED § 20-2-771

4. (e) This Code section shall not apply to a child whose parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian; however, the immunization may be required in cases when such disease is in epidemic stages. For a child to be exempt from immunization on religious grounds, the parent or guardian must first furnish the responsible official of the school or facility an affidavit in which the parent or guardian swears or affirms that the immunization required conflicts with the religious beliefs of the parent or guardian.

VACCINE EXEMPTION FORM

I, _____, as the parent, guardian or person in loco parentis of
(Parent Name)
_____, hereby certify that the administration of any
(Child's Name)

vaccine or other immunizing agents is contrary to our religious beliefs.

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hemophilic Influenza |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Smallpox | <input type="checkbox"/> other: _____ |

This is pursuant to my right to refuse vaccination on the grounds that vaccinations conflict with my religious beliefs. Pursuant to Georgia statute I am providing a copy of this statement to the Camp Pumziko Administrator pursuant to O.C.G.A. § 20-2-771 (4e).

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Subscribed and Sworn before me this ____ day of _____, 20____.

Notary's Signature and Seal

Making Informed Decisions

Your decision to vaccinate or not should be an informed decision. Vaccines can cause severe injuries such as seizures, death, anaphylaxis, brain damage and other reactions. The type and severity of reactions may vary from vaccine to vaccine and child to child. The effects of a vaccine injury may be temporary or permanent. If you notice any changes in your child's condition after receiving a vaccine, you should contact your doctor immediately or go to a hospital. Vaccines have never been proven to be safe or effective and your child may contract the disease even if he is vaccinated. What has been proven is that you can get the disease from the vaccine or from coming into contact with a recently vaccinated person. The polio vaccine is just one example. It is a known fact that most healthcare providers do not fully inform patients of the side effects a vaccine can have on the body, brain and immune system. Because of the highly toxic ingredients all vaccines contain, you should thoroughly research vaccines for yourself before making such an important decision. DO NOT allow someone else, even your healthcare provider, scare or force you into making this decision without being fully informed. Many healthcare providers have not researched vaccine history or toxicology and are not fully informed. Always provide a detailed history of your child's health to your doctor. Make sure they know of allergies, neurological problems, nutritional deficiencies, any immune system disorder and skin diseases such as eczema. Most physicians and nurses do not warn parents that if their child's health is compromised in any way, such as having a common cold or previous reaction to a vaccine, they should not receive vaccines.

Benefits of Non-Vaccination

When you choose to not vaccinate your child, you have the responsibility to educate yourself on how to maintain the well-being of not only their body but also their mind and spirit as well. Childhood diseases can result in minor symptoms to severe complication or death depending on the child's immune system and treatment protocols followed. The stronger the immune system, the less severe are the symptoms of the disease. A child that goes through the full expression of the disease (i.e. fever and skin eruptions, without suppressing any of these symptoms) usually acquires immunity from that disease for life. Good nutrition and cleanliness play a major role. The risk of contracting various diseases can vary over time or locality. Symptoms or complications of these diseases may be treatable by alternative methods or may resolve without treatment. Educate yourself on childhood diseases from informed alternative sources. Fear of these diseases comes from not being properly informed.

For More Information

To make a truly informed decision there are numerous sources of information on the risks of vaccines and the risks and benefits of childhood diseases. Sources of information to determine if the risks associated with vaccines outweigh any perceived benefits include: vaccine package inserts, the Physicians Desk Reference, the U.S. Center for Disease Control and Prevention, public and medical libraries or state and local health agencies. (NOTE: These sources do not give complete and total information on vaccine ingredients and their toxicity, nor do they provide accurate statistics.)

- Vaccination Liberation – www.vaclib.org or 888-249-1421
- National Vaccine Information Center – www.909shot.com or 800-909-SHOT or 703- 938-0324

(NOTE: The two websites above, Vaccination Liberation and the National Vaccine Information Center, have proven to be excellent sources for extensive vaccine information.)

Reporting Reactions

If you do decide to vaccinate, report vaccine reactions to the

- Vaccine Adverse Event Reporting System 800-822-7969.

Always get the vaccine name, vaccine manufacturer and lot number. Keep records of day-to-day reactions from the times of vaccination for at least 6 months to 2 years, no matter how slight the reactions. Long-term effects of vaccines have not been well documented by the allopathic community and are just now being researched. If your child has been injured by a vaccine, he may be eligible for compensation under the National Vaccine Injury Compensation Program.

6/03 Source: Vaccination Liberation, P.O. Box 457, Spirit Lake, ID 83869

Camp Pumziko

From: Kilombo Academic Institute

To: Franklin D. Roosevelt Park, 2970 Georgia 190, Pine Mountain, GA 31822


Office: 706.663.4858; After Hours: 706.801.5006


- *89.2 miles; 1 hr 27 min driving*

Departing from 1879 Columbia Dr, Decatur, GA 30032, turn left toward Glenwood Rd,

0.2 mi Turn right onto Glenwood Rd/ GA-260.

1.2 mi Proceed to , take ramp right and follow signs for I-285 South

1.7 mi While on , road name changes to I-285 West / GA-407 West

14.6 mi Approaching , at exit 61, take ramp right for I-85 South toward Columbus/Montgomery

49.6 mi At exit 21, take ramp right for I-185 South toward Columbus

8.2 mi At exit 42, take ramp right for US-27 toward Pine Mountain

0.4 mi Turn left onto US-27 East / GA-1 East

0.5 mi Keep straight on US-27 East / GA-1 East

10.1 mi Turn left onto GA-354 (3rd signal light in city of Pine Mountain)

Stay to the left once you go under a bridge and GA-354 makes a sharp right turn.

Do not make the sharp right turn after going under the bridge.

Follow signs for ‘Horse Stables’ and ‘Small Group Camp’ which will be on your left.

Make left, going thru gate (house will be to your right) continuing to the end of road where cabins are located.