FAACT
Food Allergy & Anaphylaxis Connection Team
AWARENESS • ADVOCACY • EDUCATION

2026 Camp TAG – Teen Counselor Application

Lebanon, OH ***(June 1-5, 2026)***

CampTAG The Allergy Gang

*****ALL FORMS MUST BE SCANNED/EMAILED – PHOTOS WILL NOT BE ACCEPTED & WILL BE RETURNED*****

***** DEADLINE to submit application - May 18, 2026*****	
First/Last Name	
Date of Birth	
Gender Identification	❒ Male ❒ Female ❒ non-binary ❒ Preferred Pronouns _____ (Optional)
TSHIRT SIZE	Youth M - Youth L - Adult S - Adult M - Adult L - Adult XL (circle one)
Address	
City / State / Zip Code	
Teen Cell Phone	
Teen Email	
Parent/Caregiver Cell Phone AND Email	
Do you or a sibling have a food allergy?	
What food allergies do you or they have?	
Do you carry your epinephrine products with you at all times? If not, why?	
Why do you want to be a Camp TAG Teen Counselor?	
Do you have any past experience working with children or at a camp? Have you participated in Camp TAG? If so, when and which location?	
Who has been your role model in helping you become a self-advocate for food allergy awareness?	

What have you learned, from either having a food allergy yourself or living with a sibling with food allergies, that you want to pass on to the campers?	
A camp member is crying because they're too afraid to be at the camp without the security of their parent or caregiver being there. How would you handle this situation?	

Terms of Enrollment Agreement

1. Teen counselors and parents/caregivers agree to abide by rules and regulations set by Directors for health, safety, and welfare of campers.
2. Camp is not responsible for teen counselor's equipment or personal belongings.
3. Directors reserve the right to deny, cancel, sever, or suspend a teen counselor's enrollment if deemed for the best interest of the teen counselor or the camp, in which case the unused teen counselor fee will be refunded.
4. **The teen counselor $150 fee must be paid in full once the application is accepted.** No reduction or allowance will be made for late arrival or early withdrawal of a teen counselor. No allowance will be made for any interruption in the camp week due to illness, family vacation, etc. Payments are refundable prior to May 1. After May 1, the deposit will be refunded less $25. There is a $35.00 fee for returned checks.
5. Parent/Caregiver signature further gives teen counselor permission to participate in all camp activities. I understand that part of the camping experience involves activities, group arrangements and interactions that may be new to my teen counselor. These things come with certain risks and uncertainties beyond what my teen counselor may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my teen counselor. I realize that no environment is risk-free, and so I have instructed my teen counselor on the importance of abiding by the camp's rules. My teen counselor and I both agree that he or she is familiar with these rules and will obey them.
6. Parent/Caregiver signature further gives camp permission to use teen counselor's likeness or image in camp publications including but not limited to FAACT's website, brochures, social media platforms, and other on-line postings.

X **Parent/Caregiver Signature:** _____

Payment Method

Please pay for your Camp TAG Registration via PayPal on FAACT's "Donate" Page. Click "Other" then enter your total payment for registration, and then click the "Donate Now" button to complete registration:

- ❑ **Teen Counselor - $150**

Please Email Application & Health Form to Eleanor.Garrow@FoodAllergyAwareness.org or

Fax to FAACT at (513) 342-1239 *Date Received:* _____

FAACT Camp TAG Lebanon - HEALTH FORM [One per TEEN]

Teen's Name _____ Height _____ Weight _____ Age _____
Address _____ Date of Birth _____

Does your child have physical, medical, or emotional problems? ❑Yes ❑No
If yes, describe: _____

Does your child take any medications on a daily basis? ❑Yes ❑No
If yes, list medications: _____

Does your child have any known allergic reactions to the following? ❑Peanuts ❑Tree Nuts
❑Milk ❑Egg ❑Wheat ❑Soy ❑Shellfish ❑Fish ❑Sesame ❑Bee Sting ❑Penicillin
❑Other Foods_____
❑Other Drugs _____ ❑Seasonal Allergens _____ ❑Other _____

What is your child's usual reaction? ❑Anaphylaxis ❑Hives ❑Rash ❑Other _____

Does the nurse have permission to administer Antihistamine (e.g., Benadryl) if needed for nonspecific rashes or minor allergic reactions? ❑Yes ❑No (Dosage based on child's age or weight.)

Does the nurse have permission to administer (Circle preference) Tylenol / Motrin / Aleve / Advil / Tums for headaches or minor discomforts? ❑Yes ❑No Does your child need Liquid or Pill? (Circle preference)

HEALTH HISTORY: (Please check all that apply)

❑ Asthma	❑ Kidney Trouble	❑ Chicken Pox	❑ Eosinophilic Disorders
❑ Celiac Disease	❑ Measles	❑ Bronchitis	❑ Mumps
❑ Heart Trouble	❑ Whooping Cough	❑ Sinusitis	❑ Tuberculosis
❑ Abscessed Ears	❑ Convulsions	❑ Poliomyelitis	❑ Diabetes/Diabetic Episodes
❑ Stomach Upset	❑ Serious Ivy, Oak, Sumac Poisoning		

❑ Operations/Serious Injuries _____
❑ Any Special Needs _____
❑ Any Behavior/Learning Problems: Explain _____
❑ Recommendations/Restrictions (Diet, medicine, swimming, running, etc.) _____

IMMUNIZATIONS: (Write approx. date of immunizations) DPT Series _____ Tetanus _____

Is child up to date with Tetanus vaccine or Tetanus booster shot? ❑Yes ❑No

Polio _____ Measles (MMR) _____ Haemphilis (Hib) _____

Medical exam not required. **A physician's exam is only necessary** if medical clearance is required to participate in camp activities. Otherwise, we do not need a physician signature.

Physician's Name _____ Physician's Phone_____
Physician's Signature_____ Date of Last Physical Exam _____

In case of emergency, I understand every effort will be made to contact parents/caregivers of camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

Parent/Caregiver Signature _____ **Parent/Caregiver Name Printed** _____

If your teen needs to take medication during the camp day, please give the medication to the Camp TAG staff. The envelope should be labeled with your child's name, and it will be forwarded to the nurse. To give your child any prescribed medication we need the following:

1. Medication in its original container.
2. Teen Counselor's name clearly labeled on the container.
3. If the prescription is not in the original container, please send in a doctor's note prescribing the medication with time and dosage.

I hereby request that my teen, _____, take medication during camp, including administering epinephrine in case of a severe reaction or anaphylaxis, in the presence of the Nurse at YMCA Camp Kern. The name and dosage of the medication is _____ and the time and day it is to be given is _____.

For Nurse's Use Only:
Medication Name: _____ Prescription #:_____ # of Tablets Receive: _____