

## Registration Letter for Challenge Campers

Dear PARENT/GUARDIAN OF A SPECIAL NEEDS CAMPER:

1) Thank you for registering your camper for summer camp at Innabah! Please READ CAREFULLY the information in this letter and **keep it** in a safe place along with your WHAT TO BRING LIST, \*\*HEALTH FORM, \*\*SPECIFIC INFORMATION FORM, AUTHORIZATION FOR MEDICATION FORM, AND VIDEO AND CAMPER RELEASE FORMS.

2) **\*\*THREE WEEKS PRIOR TO CAMP: PLEASE remember to send in your camper's "HEALTH HISTORY" and "SPECIFIC CAMPER INFORMATION" FORMS. This makes it possible for the counselor and the nurse to review this information and be better prepared to care for your camper.** Mail to Camp Innabah, Att: Registrar, 712 Pughtown Road, Spring City, PA 19475

3) **REGISTRATION:**

**For Challenge 1, Challenge 2, Challenge 3, and Challenge 4 registration** will begin promptly at **3:00PM** on Sunday in the dining room/ping pong porch. Pick-up is at 10:00AM on **Saturday, except Challenge 4 pickup is Friday evening.** For **Challenge 5 registration** will begin promptly at **3:00PM** on Wednesday in the Dining Hall. Pick-up is at 10:00AM on **Saturday!** **Additional charges will apply for anyone picked up after 10:30AM. So please make sure you aware of the pickup time! This is especially important to communicate with agencies that are transporting campers to camp!**

**PLEASE NO** early registrations. At registration, you will need to present the **AUTHORIZATION FOR MEDICATION ADMINISTRATION FORM** and the **RELEASE FORMS.**

4) **REMEMBER YOU MUST HAVE AN AUTHORIZATION FOR MEDICATION ADMINISTRATION FORM FOR MEDICATION, PRESCRIPTION OR OVER THE COUNTER.** Our new forms have space for 4 medications on a page, if more are needed please make copies. Prescription medications must be in the current container with the campers name, name of drug, dosage and frequency of administration consistent with the instructions given, "Pharmacy Dose Packs" are accepted but must be properly labeled. We have new directions for medications. Please make sure you read it the letter below!

5) **CAMP STORE:** Will be opened during registration and check out times. Higher priced purchases and correct sizing are encouraged to take place at this time. Your camper's store money is put into a store account during registration and any unspent monies will be returned at check out time. Campers do go to the store once a day and we suggest the amount of \$20.00 is sufficient for the week.

6) **CAMP PHOTO:** Will be taken of your campers particular group and an 8x10 color photo may be purchased at a cost of \$6.00 each. You must order and pay for this photo at registration. Your camper should receive their photo before leaving camp at check-out.

7) **MAIL:** Is distributed to campers each day at dinner. Mail usually sent after Wednesday does not arrive in time to give to your camper. Please see the back of "What to Bring List" for address and instructions.

8) **E-MAIL and FAX:** are discouraged as ways to communicate. A \$0.50 per page charge will be deducted from your camper's store card for this type of communication.  
Innabah's E-mail address: [camp@innabah.org](mailto:camp@innabah.org)

9) **VISITORS or PHONE CALLS:** We discourage these as they disrupt the camping experience. In case of an emergency situation, ask for the Manager, or the nurse on duty for the week to inform your camper of such a call. Thank you for your understanding in this matter!

-Don't miss page 2 -

**PICK UP** #361 Challenge 1 and #362 Challenge 2 campers should be picked up Saturday Morning at 10:00 A.M. at the cabins. #363 Challenge 3 campers should be picked up Saturday Morning at 10:00 A.M in the dining hall. #364 Challenge 4 campers should be picked up Friday, July 3 after dinner in the Dining Hall. #365 Challenge 5 -should be picked up on Saturday morning at 10:00AM at Covenant Lodge. If you arrive early, please remember that the campers are finishing their week of camp. You will need to wait patiently.

**THANK YOU** again for your registration!! I hope this information is helpful in preparing your camper for Innabah. We all hope this will be a GREAT EXPERIENCE for your camper as our staff is anxiously awaiting the opportunity to share this time with them. If you have any questions or concerns, please do not hesitate to contact me.

God Bless You,

Christy Heflin  
[innabahdirector@aol.com](mailto:innabahdirector@aol.com)  
610-469-6111

**P.S. Don't forget to mail in the Health History & Specific Camper Info Forms Three Weeks ahead of time!- Thanks!!**

Innabah  
712 Pughtown Road  
Spring City, PA 19475

**Suggested packing list for all Challenge camps**

**Please** put name on **everything**, every washcloth, every towel, every piece of clothing, every sock, every toiletry, dirty laundry bag, etc.

- 10 outfits (because of our shower schedules, more than 6 outfits are needed) B shorts, shirt, underwear, socks, bras (for the ladies) \*\*\* each outfit can be rolled together (underwear, socks, bras, inside shorts and shirt) or put into a ziploc bag so that it is easier to find clothes and to carry them to the shower area
- 2 pairs of sneakers
- 1 pair of boots
- Rain gear B poncho or raincoat
- 2-3 pairs of pajamas
- 2 pairs of long pants
- 2 sweatshirts/jackets
- Flip-flops OR water shoes for shower time and pool time
- 2 bathing suits
- 2 beach towels
- 2-3 bath towels, 2-3 washcloths (shower area floors get dirty & towels fall on the floor)
- Toiletries for a week B deodorant, soap in a soap dish, shampoo, conditioner, hair brush/comb, powder, toothbrush, toothpaste, plastic cup, mouth wash, hand cream, shaving needs
- Sun block
- Cover up OR T-shirt & shorts to wear to the pool
- Sleeping bag, sheet, and pillow OR fitted sheet, top sheet, blanket, and pillow
- Laundry bag(s) B cloth (2 or 3 pillow cases) OR large, strong plastic bags (put masking tape on the bags and write camper=s name on the tape)
- Addresses of people to whom letters/postcards may be written (pre-addressed and stamped envelopes with writing paper work well)

**THANK YOU FOR NOT BRINGING:** game boys, cellular phones, beepers, radios, TVs, Cassette/CD players, tobacco products, etc.

PLEASE **DON't SEND FOOD, DRINKS, GUM, CANDY, SNACKS.** Each day, we eat 3 very hearty meals, go to the store in the afternoon for a drink or snack, and have an evening snack. Any extra food or drink in the cabins or shelters only attracts animals and bugs.

#### CHALLENGE 3 & 4 B OUTPOST SHELTERS

- Mess kit and sturdy silverware OR washable plate, cup, bowl, and sturdy silverware
- Mesh dunk bag for holding dishes after they have been washed

**( Please turn over)**

DIRECTIONS to INNABAH:

Innabah is located in Chester County, one/half mile East of Route 100 at Pughtown Rd, which is just South of Route 23.

From the South, exit at the Downingtown interchange of the PA Turnpike(Exit #312) and go North on Route 100 about 8 miles to Pughtown Rd. Turn Right at the Innabah sign at the intersection of Route 100 and Pughtown Road.

From the North, follow Route 100 South to Pughtown Rd. Turn Left at the Innabah sign at the intersection of Route 100 and Pughtown Road.

MAILING ADDRESS: INNABAH

712 Pughtown Road  
Spring City, PA 19475

PHONE NUMBER: (610) 469-6111

DIRECTOR: Christy Heflin, [innabahdirector@aol.com](mailto:innabahdirector@aol.com)

# Specific Camper Information for Challenge Campers

Please complete and **mail back to camp** with health form at least **three weeks** in advance of arrival at camp.

This form is important for counselors and nursing staff. (Innabah, 712 Pughtown Road, Spring City, PA 19475)

Dear Parents and Caregivers:

It is important for all of us, especially our campers, that we be prepared to meet the needs of the campers during their stay at Camp Innabah. Please answer the following questions which will help us to plan ahead with cabin assignments and staffing. Your openness and accuracy are appreciated.

Camper's Name \_\_\_\_\_ Residence: \_\_\_\_\_ Private \_\_\_\_\_ Group Home  
Medical Syndrome or cause of disability \_\_\_\_\_  
Reading Level / Writing Ability \_\_\_\_\_

## Personal Care:

1. Does the camper use the toilet independently? \_\_\_\_\_ yes \_\_\_\_\_ no  
If no, what specific type of assistance is required? \_\_\_\_\_

2. Does the camper wet the bed? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, how often? What measures are taken at home? (Please send extra bedding or Depends if needed.) \_\_\_\_\_

3. If female, does the camper handle menstruation independently? \_\_\_\_\_ yes \_\_\_\_\_ no  
Is cycle expected at camp? (Please send supplies.) \_\_\_\_\_ yes \_\_\_\_\_ no  
If no, what specific type of assistance is required? \_\_\_\_\_

4. Does the camper shower without help? \_\_\_\_\_ yes \_\_\_\_\_ no  
If no, what specific type of assistance is required? \_\_\_\_\_

For campers who require assistance with personal hygiene, do you give your permission for camp staff to assist as needed to maintain cleanliness?

\_\_\_\_\_ no assistance will be needed \_\_\_\_\_ I give permission for help as needed (please initial).

5. Does the camper need assistance with any aspect of dressing? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, what specific type of assistance is required? \_\_\_\_\_

**NOTE: PLEASE LABEL ALL CLOTHING WITH NAME OR INITIALS. PLEASE HELP CAMPER PACK "SETS" OF CLOTHES TOGETHER IN ZIPLOC BAGS TO MAKE CLOTHING DECISIONS EASIER AT CAMP. IT IS IMPORTANT TO SEND 4 EXTRA SETS OF CLOTHING. CAMPERS WILL USE MORE THAN YOU EXPECT.**

6. Does the camper need assistance with any other grooming activities such as brushing teeth, combing hair, shaving? Please be specific. \_\_\_\_\_

## Activity Level / Endurance:

1. The Innabah cabins are on hills and there is uneven terrain. Does the camper have physical problems with walking (including gait and balance) or use any devices (braces, walker, cane) to assist with walking: Please describe: \_\_\_\_\_

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**Don't Miss Page 2!!**

Page 2 – Specific Information for Challenge Campers

2. Does the camper have any other special medical problems that affect the amount of activity he / she can endure? Please mention any heart or breathing problems, weight problem, heat sensitivity or any other medical condition that might slow the camper down. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Medical Issues:**

1. Does the camper have a seizure disorder or epilepsy? \_\_\_\_yes \_\_\_\_no

If yes, describe a typical seizure \_\_\_\_\_  
\_\_\_\_\_

When was the last seizure \_\_\_\_\_ How frequently do they occur? \_\_\_\_\_

What action is taken in the event of a seizure? \_\_\_\_\_

What would you like the camp staff to do in the event of a seizure? (Eg. notify parent, physician) \_\_\_\_\_  
\_\_\_\_\_

2. Is the camper prone to be hyperactive or agitated? \_\_\_\_yes \_\_\_\_no

If yes, please describe the behavior and how it is managed at home. \_\_\_\_\_  
\_\_\_\_\_

3. Is the camper under treatment for any psychiatric or mental health condition? Please Describe \_\_\_\_\_  
\_\_\_\_\_

4. Does the camper communicate well with others? \_\_\_\_yes \_\_\_\_no

Please describe any helpful communication suggestions for our staff. \_\_\_\_\_  
\_\_\_\_\_

5. Please describe any serious fears or anxieties. \_\_\_\_\_  
\_\_\_\_\_

6. Please describe any dietary restrictions. \_\_\_\_\_  
\_\_\_\_\_

7. Please check any of the following problems that are experienced by the camper.

\_\_\_\_Hearing Loss \_\_\_\_Vision Loss \_\_\_\_Wears Glasses \_\_\_\_Speech \_\_\_\_Non-Verbal

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**Social Interaction:**

Please describe the camper's level of social interaction. Does he / she get along well with others? Strangers? Follow directions? Cooperate? Describe favorite activities or "comfort" activities. Pets? Hobbies? Describe likes / dislikes about previous camp experiences. Homesickness? Any suggestions of key words or phrases that staff can use if there is an adjustment problem?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please use additional paper to explain anything you'd like that will help us meet the needs of the camper. Thank You**



Eastern PA Conference/United Methodist Church  
**CHALLENGE CAMP HEALTH HISTORY FORM**

(To be completed and signed by parent/guardian; please print or type all entries)

Completed form must be brought to camp -

**PLEASE MAIL - 3 WEEKS BEFORE CAMP!**

**For Camp Use Only:**  
Camp # \_\_\_\_\_  
Housing \_\_\_\_\_

**GENERAL INFORMATION**

CAMPER'S NAME \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_  
(Last) (First) (MI)

Social Security # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_  
(Please Circle One) (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

ADDRESS OF PARENT/GUARDIAN \_\_\_\_\_

(Street) (City, State, Zip)  
PHONE NUMBERS OF PARENT/GUARDIAN  
Father/Guardian: Home-( ) Work -( ) Cell -( )

Mother/Guardian: Home-( ) Work -( ) Cell -( )

IN CASE OF EMERGENCY, IF PARENTS/GUARDIANS CANNOT BE REACHED, PLEASE NOTIFY:

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

FAMILY MEDICAL/HOSPITAL INSURANCE CARRIER  
POLICY ID # \_\_\_\_\_ POLICY/GROUP # \_\_\_\_\_ POLICY HOLDER'S SSN \_\_\_\_\_  
(This information is required since each camper is covered by limited accident and medical insurance in excess of parent's own insurance; **CAMP'S POLICY IS A SECONDARY POLICY**. PA state law prohibits duplicate payments.)

**For minor illness or injury**, the following medications are available to administer to campers **as needed** (based on our standing medical orders): Acetaminophen/Tylenol, Ibuprofen, Milk of Magnesia, Mylanta, Kaopectate, Diphenhydramine/Benadryl, Robitussin, Pseudoephedrine/Sudafed, Antibiotic Ointment, Caladryl, Desenex, Chloraseptic spray and lozenges, Swimmer's Ear Drops, Anbesol, Hydrocortisone Cream.

Do not administer above medications  Administer above medications

Administer above medications except \_\_\_\_\_

Signature \_\_\_\_\_

**CERTIFICATION AND AUTHORIZATION \*\*\*MUST BE COMPLETED FOR ATTENDANCE\*\***

I certify that the information provided on both sides of the Health History Form is, to the best of my knowledge, complete and accurate. I know of no reason(s), other than the information indicated on this form why my son/daughter/camper should not participate in all camp activities. I take full responsibility for any medical problems (illness or injury) that occur as a result of my failure to disclose medical conditions, restrictions, or limitations of my child. I understand the State of PA requirement that all campers be examined by the Health Care Staff on the day of registration and give my permission for the conduct of such an examination.

My son/daughter/camper \_\_\_\_\_, has permission to participate in the activities associated with the summer camping program of the Eastern Pennsylvania Conference/United Methodist Church. Further, in the event of an illness or emergency, the Program Center Director or designee is authorized to act in my behalf in securing medical treatment for my child named above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Page 2 of Challenge Health History Form)

TO GIVE APPROPRIATE CARE TO THE CAMPER WHILE HERE AT CAMP, PLEASE COMPLETE THE FOLLOWING INFORMATION ACCURATELY - THANK YOU

DATE OF CAMPER'S LAST HEALTH EXAM \_\_\_\_\_ WERE ANY PROBLEMS NOTED AT THAT TIME? \_\_\_ YES \_\_\_ NO  
SINCE THE CAMPER'S LAST HEALTH EXAM, HAS HE OR SHE HAD ANY OF THE BELOW:

- A serious injury requiring medical attention \_\_\_ Yes \_\_\_ No Surgery or a fracture \_\_\_ Yes \_\_\_ No
A diagnosed infectious disease \_\_\_ Yes \_\_\_ No Exposed to any communicable disease \_\_\_ Yes \_\_\_ No
\*\*A physician's restriction in any physical activity \_\_\_ Yes \_\_\_ No \*\*Medication prescribed \_\_\_ Yes \_\_\_ No

PLEASE EXPLAIN : \_\_\_\_\_

\*\* A physical examination may be required to participate in physically active camps. (See camper letter) NO Medication will be given without completed medication forms!

Is the camper currently under a physician's care for a medical problem? (Describe)

Are all immunizations up to date? \_\_\_ Yes \_\_\_ No Date of last Tetanus (DPT,DT,TT) Shot MUST be listed here \_\_\_\_\_

Has the camper ever had or now have any of the following medical problems?

- Asthma Frequent ear Infections/cold /sore throats Chicken Pox HIV TB
Bleeding/Clotting Disorder Convulsions/Seizures Diabetes Heart Disease or Defect Hypertension
Kidney Disease Sickle Cell Disease Behavioral/Emotional Problems Other

Please explain : \_\_\_\_\_

Please check the following conditions that apply to the camper:

- Athlete's Foot/Ringworm Bed Wetting Sleepwalking Special Diet
Fainting Motion Sickness Hearing Impairment Ear Tubes Wears Glasses/Contacts
Menstrual Cramps Stomach Upsets Homesickness Nosebleeds Constipation

Please explain : \_\_\_\_\_

Does the camper have any of the following allergies? (Please check and describe)

Table with 3 columns: ALLERGIES, Describe, Treatment. Rows include Medications, Seasonal/Environmental, Insect Stings, and Other.

FOR CAMP USE ONLY: ON-SITE HEALTH EXAMINATION
General Health Condition: \_\_\_\_\_
Illnesses experienced or exposed to during preceding 30 days: \_\_\_\_\_
Recommendations and restrictions (activity, diet, etc): \_\_\_\_\_
Skin Lesions/Bruising: \_\_\_\_\_ Other \_\_\_\_\_

## Medication Tips for Challenge Campers

### Dear Parents and Caregivers of Challenge Campers:

We would like to ease the wait at the medication line at camp registration. We commonly take in 100-120 medications for 35-40 campers in an hour's time. We hope that you will be patient with us, as we need to get all of the information correct for the safety of our campers. We realize that all of this may seem confusing to some. If you are able to help us with any of these steps, it will shorten the process.

**\*\*\*\*\*PLEASE READ CAREFULLY, FOR THERE HAS BEEN CHANGES TO INCREASE SAFETY FOR OUR CAMPERS\*\*\*\*\***

**1. An Authorization for Medication form is required for medication.**

Our new forms have space for 4 medications on a page, if more are needed please make copies

**2. Fill out the permission part completely.** The **signature** of the camper or the caregiver must be on the form, not just the agency name.

**3. The prescription label on the bottle and the permission form should have the same instructions.** If we are asked to administer medication in some way that is different from the label, please provide a note from the doctor or a doctor's signature on the permission form with the correct instructions.

**4. A separate note from the doctor is acceptable if you are unable to get our form signed.**

**5. Please send the original medication containers.** Do not prepare daily doses in a pill organizer. **THESE WILL NOT BE ACCEPTED!** Labeled unit dose packages prepared by a pharmacy are acceptable.

**6. Place all medications in a Ziploc bag.** All medications should be placed in the same bag. Use a small or large bag based on the number of medications. Use a permanent marker or a strip of masking tape and write the camper's name on the bag. Next to the name write the times of day that the medications are given. If it is possible to conform to our mealtime / bedtime schedule, use the designations below. If a special time is needed, please indicate that also.

Write:	If Given At:	Which is About:
B	Breakfast	8:00 a.m.
L	Lunch	12:00 noon
D	Dinner	5:30 p.m.
HS	Bedtime	8:30 p.m.

For example, camper John Smith takes three different medications, not all at the same time, but he happens to get some medication at each of his meals. His label would look like this:

John Smith                      B – L – D

If medication should be given mid – afternoon, 3:00 p.m. is best for us, but we can accommodate any schedule. Perhaps the label would look like this:

Sue Jones                      B – 3pm – HS

Please let us know if there are special circumstances such as medications that need to be given on an empty stomach. **Don't forget to read page 2!**

**Page 2 – Medication Tips for Challenge Campers.**

7. **It is not necessary** to send over the counter medications unless the camper needs them on a regular basis: the following medications are available to administer to campers **as needed** (based on our standing medical orders): Acetaminophen/Tylenol, Ibuprofen, Milk of Magnesia, antacids, Kaopectate, Diphenhydramine/Benadryl, Robitussin, Pseudoephedrine/Sudafed, Antibiotic Ointment, calamine lotion, antifungal powder, Chloraseptic spray and lozenges, Swimmer's Ear Drops, Anbesol, Hydrocortisone Cream.
8. If a camper commonly gets any dose of medication after 3:00 p.m. (registration time) and before 5:30 p.m. (dinner) on Sunday, please make arrangements to give the medication before leaving camp. The nurse will give her first round of medications at dinner on Sunday evening. Please let us know if this presents a problem.
9. The last doses of medication will be given on Saturday morning at breakfast. Family members and caregivers will pick up all medication bags when campers are checked out.

Most of all we appreciate your help and patience as we plan together to meet the medication needs of our campers. Thank you.



EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH  
 Camp Innabah, 712 Pughtown Road, Spring City, PA 19475

**AUTHORIZATION FOR MEDICATION ADMINISTRATION**

PLEASE NOTE: **ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS MUST BE AUTHORIZED BY A PHYSICIAN/PROVIDER.** You may copy this form.

Child's Full Name \_\_\_\_\_

Reason for Medication(s) \_\_\_\_\_

If your camper must receive medication during his/her scheduled summer camping session, please complete this form and bring it along with the prescribed medication to camp with the camper. All medications and forms will be checked at camp registration on the start day of your camper's event. **NO Medication will be accepted unless his/her name is on the original prescription.** Campers using over the counter medications daily must have this form signed and brought to camp with the medication.

**PRESCRIBING PHYSICIAN INFORMATION** - I certify that it is imperative that the medication prescribed below be taken during this child's camping session.

(Physician's Name) \_\_\_\_\_ (Physician's Signature) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Date) \_\_\_\_\_

Medication Name(s) / Dosage(s)	Time(s) : B-Breakfast, L-Lunch, D-Dinner, HS-Bedtime
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____

**PARENT AUTHORIZATION**

I, \_\_\_\_\_ give my consent to the Health Care  
 (Name of Parent/Guardian)

Staff to administer the above medication(s) to my child/camper \_\_\_\_\_

(Name of Camper)

during their time at Camp Innabah from \_\_\_\_\_ through \_\_\_\_\_  
 (Starting Date) (Closing Date)

\_\_\_\_\_  
 (Signature of Parent/Guardian) Date \_\_\_\_\_

**THIS SECTION COMPLETED BY HEALTH CARE STAFF ONLY**

- Permission form completed
- Safety type container
- Original prescription label
- Name of this child is on the label
- Date on label is current
- OTC, original container and current
- Name of drug, dose, and frequency of administration is on label
- Inhaler and/or Epi-Pen with camper (either with individual or counselor)

(Health Care Staff Approval) \_\_\_\_\_