



**Arcadia Wildlife Sanctuary
127 Combs Road
Easthampton, MA 01027
413-584-3009**

Hello!

Thank you for registering your child for Arcadia Nature Day Camp.

Attached you will find a number of important documents.
Please read all of these documents and be sure to send us all completed forms along with a copy of your child's immunization record by June 1st. Immunizations and forms can be sent as soon as possible, no need to wait.

Please read the Day Camp Informational Packet by scrolling down below!

Included in this you will find:

- 1) Camp Information Packet**
- 2) Checklist for Payment and Camp Forms** (this is for your records and **does not** need to be returned).
- 3) Four page health form and two pages of camp waivers and one page health record with detailed directions on filling it out. You may also go to the following link to get these:**
http://www.massaudubon.org/PDF/camp/health_and_waiver_forms.pdf **Please note that due to confidential information, you can fill these forms out on the computer, but need to print them and mail or drop off to Arcadia.**

Camp Health Form and Waiver Instructions

- Fill out the Camp Health Form in full.
- The **Physician Authorization** box at the bottom of page 3 does NOT have to be completed for Arcadia Camp.
- **Insert a copy of a signed copy of the physician's record of immunizations and evidence of a physical within the past 24 months. (See the *required immunizations* by scrolling below.)** If you object to immunizations for religious reasons, please contact the camp registrar at extension 812.
- Complete the At-Camp Medication section on page 3 if your child needs routine medication during the camp day or has emergency medications (for asthma, allergic reaction, etc.).
- Read and sign the waivers, drop off or mail them along with the health forms to the above address

Please visit the following sites:

- 1) Department of Public Health Questions about Day Camp:** Please read this **MA Department of Public Health** document .You **do not** need to print or return this to us.
<http://www.mass.gov/eohhs/consumer/community-health/environmental-health/recreational-camp-information-for-parents.html>

2) Meningococcal Disease and Camp Attendees

<http://www.bing.com/search?q=mass+department+of+public+health+meningoccal+disease&src=IE-SearchBox&FORM=IE8SRC>

Campers are not considered to have increased risk of Meningococcal Disease, but the Department of Public Health requires us to give you the attached information. Please ready, though you **do not** need to print or return this to us.

If any of these forms are missing, notify the Arcadia office immediately. Please keep in mind the following:

Transfer Policy: Transfers are allowed up to 4 weeks prior to a session start, after which time there are no transfers. A \$20 fee is charged for each session transferred.

Refund Policy: If you must cancel please contact us ASAP at (413) 584-3009 x812.

Camp fees include a nonrefundable deposit. Refunds are not made for dismissal, failure to attend, absence, or sick days. All cancellations must be made in writing. If you cancel 4 weeks prior to the beginning of the session, you will receive a full refund minus the deposit. If less than 4 weeks, notice is given, you will receive a 50% refund, minus the deposit, **only if your slot is filled**. We reserve the right to cancel a session due to low enrollment. In this event a full refund will be made including the deposit. If you cancel prior to 4 weeks of the first day of your session, you will receive a 50% refund only if the program is full and we fill your slot.

Payment: Please write your camper's first and last name on any check. MasterCard and VISA accepted.

Deadline: All paperwork and balance of payment are due to Arcadia by June 1, 2011. If you register after that date, all forms and payment are due the Monday prior to the first day of your child's session.

Late Fee: Any late, (after June 1), or incomplete forms and payments will accrue a \$20 surcharge per child.

Please send forms by to

**Arcadia Wildlife Sanctuary
127 Combs Road
Easthampton, MA 01027**

We look forward hearing from you.

*Patti Steinman, Camp Director
Chuck Horn/Jean Francis/ Olivia Judd Registrars*

Be sure to read on for important information

Arcadia Nature Day Camp Information Packet

Don't worry, this is not another form for you to fill out, but it is jam-packed full of information, so please read it carefully!

Here at Mass Audubon's Arcadia Summer Nature Day camps, we strive to offer a series of high quality learning experiences to all of our campers – experiences that they will enjoy and remember for a very long time. However, we cannot meet this goal without the cooperation of all our campers and their families, and so, we invite you to enter into a partnership with us to ensure that every child has the best possible learning adventure while attending our day camp program.

We pledge to provide:

- A safe and healthy environment for your child;
- A high quality educational program;
- A staff firmly committed to providing a positive camp experience for each and every camper; and,
- A community spirit, which helps every child feel, included and secure.

In return, we expect the following from our parents and campers:

- Cooperation with our stated and written policies;
- Attention to the daily needs of your child in preparing him/her to come to camp (dressed in the appropriate clothing... and with a water bottle and nutritious lunch and snack);
- Commitment to the well-being of the entire camp community (such as keeping an unwell or over-tired child at home); and,
- Willingness to act in concert with camp staff to maintain or restore appropriate behavior and courtesy.

If, at any time, you have a question or concern about our day camp program, we ask you to please speak with your child's counselor or Patti Steinman, the Camp Director. No question or concern is too small for you to bring to our attention. You may request copies of our background check, health care, and discipline policies and/or grievance procedures at any time.

Before your child comes to camp...

Please take a few minutes a day or two before your child comes to camp to prepare him/her for their participation in our program. Here are a few things we would like you to share with your child:

- Each child will have a "cubby" or special place to put their things, so he/she will not have to carry around everything they bring to camp.
- Each child will be expected to be courteous and respectful of others; while we will discuss these two very important words on the first morning, you might also want to talk to your child about saying "please" and "thank you"... about listening when other children or adults are talking... and about the need to follow our rules; (for example, always staying together).
- On the first morning, we will be showing the children where the bathrooms are, where they will be eating lunch, where they can put their things, and where they will be picked up when their camp day is over.
- Please show your son/daughter how to apply sunscreen and insect repellent.

- Remind them that their counselors are really nice people who love children, can't wait to share the world of nature with them, and that they welcome any and all questions that your child might have! NOTE: *There are no silly questions!*

What to bring to camp and how to dress!

Please make sure that your child's name is on everything! We cannot be held responsible for lost items. Any items not picked up by September 30th will be donated to a local charity.

Your child should wear:

- A wide-brimmed hat to protect them from sun and insects.
- Shorts and t-shirts are fine, but be sure to have long pants and long sleeved shirt in child's cubby to guard against the sun and ticks...
- Long pants are **mandatory** on fielding day as they provide more protection from ticks; we will do tick checks and ask you to do them as well at home.
- Closed-toe shoes like sneakers or rugged walking shoes – NO sandals please!
- Socks (to protect against blisters and accidental exposure to poison ivy)

Your child should bring:

- A nutritious snack (for mid-morning) and lunch (**except Woolly Bears**). While we do have refrigerators available for use, there is not room for everyone's lunch bag! A foam-insulated bag with an icepack is suggested. **IF YOUR CHILD HAS A FOOD ALLERGY, PLEASE BE SURE TO ADVISE HIM OR HER NOT TO SHARE THEIR LUNCHES OR SNACKS.** If any child in the session has a severe peanut allergy we will send a letter home asking you to refrain from sending peanut products.
- If your child will be attending after camp care, please send a second snack.
- Sunscreen and insect repellent – but please make sure that children know how to apply it themselves!
- At least one water bottle or canteen... please DO NOT freeze the water bottle – the ice will not melt fast enough to give your child enough water to drink! We will refill water bottles at snack and at lunchtime.
- A spare set of clothes, that way, if an "accident" should occur, your child will be able to stay clean and dry.
- An extra pair of LONG pants and long-sleeved shirt. If your child decides to go into the field for choice time he/she will be better protected against ticks.
- EVERY child should bring a spare set of socks and old sneakers – our kids love to go ponding.
- A knapsack is a great way to carry a water bottle, raincoat, etc. on hikes
- A raincoat... we do go outside, even in the rain!

Optional

Magnifying Glass/Binoculars
Compass
Field Guide

What Not to Bring

Computer/Video Games
Pets/Toys
Personal items not listed above

Day camp Information and Procedures

Weapons/drugs and searches: Under no circumstances shall any camper bring any weapon (including a pocket knife), ammunition, explosive, drugs or flammable materials to camp! We reserve the right to conduct checks and to search any belongings a camper or staff member brings onto the property. We want our camp to be a safe and happy experience for all.

Arrival and dismissal times: Camp hours are from 9:00 am to 3:00 pm, **except Woolly bears, which are from 9:00 am-noon.** The time before and after camp is important for the camp staff for planning and preparation; therefore, they cannot be responsible for children before their scheduled arrival time or after their scheduled dismissal time. Please be prompt for drop-off and pick-up times.

After camp care runs until 4:30, please be prompt for pick up.

Parking: Please drive slowly and park in the designated lot. **At all times you should bring your child into his/her camp room and sign them out with their counselors at the end of each day.**

Opening Day: On the first morning of camp, please check in with your camper at the nature center between 8:45 am and 9:15 am. The first day of a session usually takes a few minutes longer for registration. After opening day, we encourage carpooling, and will send a carpool list and directions for drop-off prior to the start of camp. After the first day children should be checked in at their camp room.

Check Out/Release: At the end of the day, the parent/guardian will be required to show a photo I.D. and to sign out before leaving for the day. Only those people listed in the Child Release section of the health form will be allowed to sign out your child (ren) at the end of the day. A parent or guardian may at any time, (in person), add an additional person to your release form. In the event that someone not on the release form wishes to pick up your child, you must first call the camp office. We will allow that person to pick up your child only if we are then able to reach you by phone. The following day you must add that person to your release list.

Last Friday Closing Circles (for Hummingbird, Kingfisher, and Great Blue Heron Sessions ONLY): Parents/guardians are invited to your child's closing circle on the last day of each two-week session at 2:45 pm.

Late Arrival or Dismissal: Much of the day is spent in small outdoor activity groups, which makes it difficult to accommodate late arrivals and early departures. Late drop-off and early pick-up time can happen during lunchtime only (11:30 am – 12:30 pm); please speak to the Camp Director or Assistant Director regarding this.

Absent Children: If your child will be absent during any camp day, please call Arcadia. If no one is available to take your call, leave a message at extension*812. If we do not hear from you we will be contacting you.

Health Procedures: *Complete health care policy available upon request*

Mildly Ill Campers: Campers too ill to fully participate in camp activities will rest in the main office, or first aid room, until feeling better or picked up by a parent or guardian.

Emergency Procedures: First Aid will be administered as per standing medical orders and First Aid training. The Receptionist, Camp Director, Assistant Camp Director, and/or a camp staff person will notify parents using numbers on the child's registration and medical forms. Home and work numbers for both parents will be tried, then the emergency contact. Parents or emergency contact will make decisions about and arrangements for further care, pick-up, or transportation of the child. When appropriate, local emergency response personnel will be called at the same time as parents are being notified. If a camper needs transportation, it will be provided by a parent/guardian or ambulance service. If parents or emergency contact person cannot be reached, the child's physician will be called, and that person will make decisions about additional help, i.e. ambulance and hospital care.

Weather: Rainy Days: Campers are outside for a portion of most rainy days. Summer rains can be cold. Be prepared with rain gear and a sweatshirt or jacket. **Heat:** We cool off by playing "Drip, Drip, Drop" in our clothes. Be warned that your child may be returned to you in a damp-to-wet condition (you may want a towel to protect your car's seat). Please inform your camper and/or the staff if you wish to limit how wet they get.

Medications: Medication must be sent in the original container with the pharmacy label attached. Medication must be given to the camp director upon arrival.

No medication, whether prescription or non-prescription, may be administered to a child without completely filling out the medication information on the health form. Your family physician as well as a parent or guardian must sign this form. All medication administered shall be overseen by the Camp Director, Assistant Camp Director, Acting Health Care Supervisor, or trained counselor. No child shall be allowed to administer an epi-pen unless we receive written permission from the child's doctor, and the medication form has been signed. Be sure that any inhalers have the prescription label attached, or bring along the box with the label attached. All over-the-counter medications need to follow the aforementioned procedures.

Sun Exposure/Insect Bites: Staff may apply sunscreen and insect repellent to campers unless otherwise notified in writing. Parents are requested to apply sunscreen (SPF 15 or greater) and insect repellent to their child daily, *prior to arrival*. FYI, Citronella has been found to have a limited effectiveness of only 20 minutes. Please do not spray in the building. While we make every effort to avoid the sun during the most intense part of the day, the reality is that we are an outdoor- oriented camp. The State encourages the use of wide brimmed hats, long sleeved shirts and long pants when exposed to sun.

Parents also need to be aware of the potential health hazards ticks represent, and take an active role in protecting their child by checking each evening for ticks by feeling the skin for bumps. Visual checks for ticks on campers' arms, legs, and clothing is a regular part of our routine.

Lyme disease Facts and Prevention: Not all deer ticks carry Lyme disease, and being bitten by a deer tick does not necessarily mean that you will get the disease. Studies have shown that an infected tick normally cannot begin transmitting the bacteria until it has been attached to its host for about 36 – 48 hours.

- ❖ **Wear closed-toed shoes and light-colored clothing** with a tight weave to spot ticks easily.
- ❖ **Insect repellent containing DEET, (Diethyl-meta-touamide), is considered to be most effective** on skin or clothes (ask your doctor).
- ❖ **Keep long hair tied back.**
- ❖ **Scan clothes and any exposed skin frequently for ticks.**
- ❖ **Do a final, full-body tick-check at the end of the day** by feeling the skin for bumps.
- ❖ **Be aware that ticks will climb upwards** so check hidden areas of the head and neck.
- ❖ **Tuck shirts into your pants and long pants into socks.** If you choose to wear shorts, consider spraying DEET on your shorts or thighs.
- ❖ **Spin clothes in a hot dryer for 20 minutes** to kill any unseen ticks.
- ❖ **Remove the tick correctly.** A tick only transmits the bacteria as it is leaving the host, so careful removal of the tick is the best preventative.

To remove a tick:

1. Using a pair of tweezers, grasp the tick by the head where it enters the skin. **DO NOT** grasp the body.
2. Pull firmly and steadily outward (do **NOT** twist the tick, apply petroleum jelly, a hot match, alcohol or any other irritant in an attempt to have the tick back out).
3. Place the tick in alcohol or seal it between layers of scotch tape.
4. Clean the bite area with an antiseptic.
5. Monitor the site for a rash beginning 3 to 30 days after the bite. If a rash, flu-like symptoms, or joint pains develop, contact your physician. Early treatment with antibiotics almost always results in a full cure.

Discipline and Grievance Procedures: *Copies of policy are available upon request.*

Behavioral Expectations: Please go over these expectations with your camper as needed.

All participants must follow our behavior expectations and safety rules, which have been developed to ensure the safety of campers and to show respect for self, others and the environment. All campers are expected able to meaningfully participate in age appropriate activities. Hurting of each other, either verbally or physically, is forbidden. The possession or use of tobacco, alcohol, drugs, and weapons are prohibited.

Safety Rules - A camper must:

1. *Stay with his/her group.*
2. *If given permission by your leader, leave with a buddy.*
3. *If called, stop and answer.*
4. *Refrain from hurting yourself or others.*
5. *Follow the safety rules given by your leader (Ex. All sticks and rocks remain on the ground).*

Discipline: Infringements of the behavioral expectations and/or safety rules bring fair and obvious consequences. Staff will follow a series of steps: one-on-one discussion; time-out from activities, and time-out with the Camp Director. The child is expected to apologize after every infringement. If a child acts in an unsafe manner that is physically harmful to the self or others, staff will remove the child from the danger and bring him/her to the Camp Director. In the case of serious and/or constant issues, the guardian will be called

and a behavior agreement will be determined. Those who cannot meet these expectations may be removed from the camp program without monetary recourse.

Any Questions? If you have any questions regarding the camp program please contact Patti Steinman, Camp Director (ext. *814). For registration questions, openings, or billing, contact Chuck Horn, Olivia Judd, or Jean Francis, Registrars (ext. *812). We look forward to seeing you and your camper soon!

Sincerely,

Patti Steinman, Director, Arcadia Camps
413-584-3009, ext. *814
psteinman@massaudubon.org

Required Immunizations (per the Mass Department of Public Health)

Please review the following health requirements before contacting your physician.

Required Immunizations to be included on the certificate of immunization are:

1. Measles, Mumps, and Rubella (MMR) Vaccine: At least one dose of MMR Vaccine must be administered at or after 12 months of age or there must be proof of laboratory evidence of immunity.

A second dose of live, measles containing vaccine is required for the 2008 camp season for **all campers of any age including those that are 4 years old** and staff.

Both doses of measles vaccine must be given at least one month apart, and be given at or after 12 months of age, or provide laboratory evidence of immunity.

2. Polio Vaccine: At least three doses of either trivalent oral polio vaccine (OPV) or enhanced potency inactivated polio vaccine (e-IPV) are required. If a mixed schedule of polio vaccine is given (IPV and OPV), a total of 4 doses are required.

3. Diphtheria and Tetanus Toxoids and Pertussis Vaccine: At least four doses of DtaP/DTP/DT/Td are required. (The pertussis component is not given to anyone seven years of age or older). A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years have elapsed since the last dose.

4. Hepatitis B: Three doses



2013 DAY CAMP REGISTRATION CHECKLIST and POLICIES

PAYMENT CHECKLIST (for your records)

See policy notes and read camp information to avoid late penalties.

Date Paid Item

___ deposit

___ full amount

FORMS CHECKLIST

See policy notes below and read camp information to avoid late penalties.

Date I sent in Item

___ Health Form(4 pages) Medical Waiver (2 pages)

___ Camp Release To (on back of health forms-include yourself)

REFUND AND TRANSFER POLICIES

Transfer Policy: Transfers are allowed up to 4 weeks prior to a session start, after which time there are no transfers. A \$20 fee is charged for each session transferred.

Refund Policy: Please contact us ASAP if you must cancel at (413) 584-3009 x812.

Camp fees include a nonrefundable deposit. Refunds are not made for dismissal, failure to attend, absence or sick days. All cancellations must be made in writing. If you cancel 4 weeks prior to the beginning of the session, you will receive a full refund minus the deposit. If less than 4 weeks notice is given, you will receive a 50% refund, minus the deposit, only if your slot is filled. We reserve the right to cancel a session due to low enrollment. In this event a full refund will be made including the deposit, you will be given a full refund minus the deposit.

LATE PAYMENTS and LATE HEALTH FORMS POLICIES

All health forms are due by June 1, 2011. Any late or incomplete forms and payments will accrue a \$20 surcharge per child.



Day Camp Health Form and Waiver Instructions

Thank you for selecting a Mass Audubon Day Camp for your camper. We appreciate your support to help young people learn about and explore the world around them!

Complete the following forms after you have received confirmation from your Day Camp that your camper has been accepted into the program. Each Mass Audubon camp has its own brochure and registration form. The camp will send you a registration confirmation and additional information once your registration has been processed. Please review the camp's brochure for the camp's payment and form deadlines and the refund and cancellation policy.

Please contact the Camp Director today:

- If your camper has special conditions, needs, or limitations. You must speak with the Camp Director to determine whether your camper can be accommodated at camp before the camper is accepted into the program. Non-disclosure may result in dismissal without refund.
- If your camper does not have health and accident insurance valid in the U.S.
- If your family's religious beliefs do not permit physical exams and/or immunizations. The Camp Director can provide you with our emergency treatment policy and immunization/physical exam waiver.
- If you have concerns regarding the Agreement of Terms, Image Release, or Acknowledgment of Risk.

A new set of Camp Health Forms and Waivers must be completed for each camper prior to each camp season. Each Mass Audubon Day Camp that the camper attends must have a copy of these signed forms on site. Please note on any copy which Mass Audubon Day Camp holds the original forms.

You may complete the forms on your computer, but they must be printed, signed, and mailed or delivered to the camp, along with the record of the camper's physical and immunizations (including the date of the most recent tetanus shot). Keep a copy of the forms for your files.

Checklist:

- Complete the Camp Health form (4 pages).
Sign on Health Form - Page 4.
- Read the Waivers (2 pages)
Sign the Agreement of Terms on Waivers - Page 1
Sign the Audio/Visual Image Release on Waivers - Page 1
Sign the Acknowledgment of Risk on Waivers - Page 2
- Attach** a copy of your camper's physical exam and immunization records, which must include the date of the most recent tetanus shot. Immunizations must meet the requirements of the Massachusetts Dept. of Public Health. A physical exam is requested within the 24 months prior to camp. (A physical exam is required for programs with three or more overnights.) If you do not have a form from the camper's healthcare provider, you may use the provided Health Care Record.
- Attach** a copy of the camper's Allergy and/or Asthma Action Plan, if the camper has these.
- If the camp session includes an overnight and/or trip out of camp, **attach** a copy of the front and back of the camper's insurance card(s).



Day Camp Health History

Check your camp confirmation for the forms deadline!

Instructions: A parent/guardian must complete this form for the camper. Attach any additional needed information, including a copy of the camper's immunization and physical exam records, asthma/allergy action plans, health insurance card, or other needed information. Keep a copy of the completed form for your records. If your camper has any special conditions, needs, or limitations, you must speak with the Camp Director before being accepted into the camp program. Non-disclosure may result in dismissal from the program without refund.

Camper Information:

Name: _____ Female Male Other

 Last First Middle Nickname

Birth Date: _____ Age as of June 15: _____ Grade entering in fall: _____

Month/Day/Year

Camper home address: _____

 Street Address City State Zip Code

Local or summer address during camp, if different:

Street Address City State Zip Code

Custodial Parent/Guardian

Second Parent/Guardian

Additional Emergency Contact

Name: _____

Name: _____

(Required! Someone who knows the camper well, and can assist in reaching the guardian)

Relationship to camper: _____

Relationship to camper: _____

Name: _____

Day Phone: _____

Day Phone: _____

Relationship to camper: _____

Evening Phone: _____

Evening Phone: _____

Cell Phone: _____

Cell Phone: _____

Cell Phone: _____

Alternate Phone: _____

E-mail: _____

E-mail: _____

Address: _____

Address, if different: _____

Address, if different: _____

Health Care Provider:

Primary Care Provider: _____ Phone: _____

Name of practice: _____ Address: _____

Required: Include a copy of the camper's immunization record and proof of physical exam within the 24 months before camp. The date of the last tetanus immunization is required.

Medical Insurance: This camper is covered by health/accident insurance or Medicaid. Yes No

You must provide health insurance information below. For campers without health insurance, contact the Camp today!

Insurance Carrier/Plan Name: _____ Policy Number: _____

Subscriber Name: _____ Relationship to camper: _____

Required for trips off-site/overnights: Include a copy of the front and back of the camper's health insurance card(s).

Restrictions: Camp activities are similar to those described in the newsletter, camp brochure, or information packet.

I have reviewed the Camp's program/activities and feel the camper can participate without restrictions.

I have reviewed the Camp's program/activities and feel the camper can participate with the following restrictions or adaptations. (Please describe below and speak with the Camp Director.)

For Office use

Incomplete

Called: _____

Return by: _____

Reviewed by: _____

Date: _____

Immunizations

Health Form

Release

Photo Y/N

Terms

Risk

Behavior

Physical

Insurance Card

Extended Day

All Forms In

Allergies:

Medical

Conditions/

Restrictions:

Medications at

camp:

Date:

Session/Group:

Middle

First

Last

Camper Name:

Allergies: No known allergies.
 This camper is allergic to: Food Medicine the environment (hay fever, insects, etc.) Other
 (Describe below the allergy and the reaction seen.)

If a camper has an anaphylactic allergy, include a copy of the camper's allergy action plan.
 We cannot guarantee that any area at camp is allergen-free.

Diet and Nutrition: This camper eats a regular diet. This camper has special food needs. (Describe below.)

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below. Has/does the camper:

- | | | | |
|---|--|---|--|
| 1. Been hospitalized/had surgery in past 2 yrs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have recurrent/chronic illness(es)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Had mononucleosis during the past year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had a recent injury/illness/infection? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Ever had a head injury or concussion? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Ever been treated for Lyme Disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have asthma*/wheezing/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Ever been stung by a bee? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. If female and of age, have problems with periods/menstruation? | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Have problems falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have severe or frequent headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Have a current history of bedwetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Wear glasses/contacts/protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Have problems with diarrhea, constipation, or frequent stomach aches? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have frequent bloody nose? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Traveled outside the U.S. in the past year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Have motion sickness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 13. Have a phobia? (note type/severity below) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Explain "Yes" answers in the space below, noting the number of each question requiring a response. For travel outside the U.S., give places visited and dates of travel. Attach additional pages if needed.

* If a camper has asthma, include a copy of the camper's asthma action plan.

Mental, Emotional, and Social Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below. Has/does the camper:

- | | |
|--|--|
| 1. Ever been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional/behavioral difficulties, self-harm, or an eating disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Ever have need for an aide at school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Used an individualized education plan (IEP) during the previous school year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Speak a primary language other than English? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain "Yes" answers in the space below, noting the number of each question requiring a response. Attach additional pages or contact the Camp Director to provide additional information if needed.

To better care for your camper: Provide any additional information about the camper's behavior or physical, mental, emotional, and social health that you think important or that may affect the camper's ability to participate in the Camp program (shyness, learning style, etc.) List any strategies used to manage the concern or enhance the camper's ability.

Medications at home: This camper does not take medications regularly at home. (List at-camp medications on p. 3.)
 This camper takes the following medications at home. (Please describe the medication and condition below.)
 Daily: Seasonally: Other:

Camper Name: _____
 Last _____
 First _____
 Middle _____
 Session/Group: _____
 Date: _____

Medications At Camp: This camper will not bring any medications to camp.

Include any medication that the camper may need to take at camp, including vitamins, Lactaid, etc. Attach additional pages if needed. If the camper will participate in an overnight, include evening or early morning medications. The camper's parent/guardian must supply these medications, labeled with the camper's name, unexpired and in original containers, and bearing specific directions for administering. Prescription medications must have the full pharmacy label. Contact the camp director if a camper takes medication for mental health and the medication or dose has changed within the three months prior to camp.

This camper will bring the following medications to camp:

Name of Medication	Amount or dose	How it is given (ex: by mouth)	When it is given	Date Started	Reason for taking
			<input type="checkbox"/> Time: _____ <input type="checkbox"/> As needed		
			<input type="checkbox"/> Time: _____ <input type="checkbox"/> As needed		
			<input type="checkbox"/> Time: _____ <input type="checkbox"/> As needed		
			<input type="checkbox"/> Time: _____ <input type="checkbox"/> As needed		

Asthma Emergency Medications: This camper does not have asthma emergency medications.

Include a copy of the camper's asthma action plan. Contact the camp director if you have any questions.

Name of Medication	Amount/dose	Route (ex: inhaled)	When it is given

This camper needs asthma medication only for respiratory illness and will not bring it to camp unless a parent/guardian notifies the camp.

This camper will bring asthma medication to camp but does not need to have it nearby at all times. The medication may be stored in the medication box (MB) in the office. **Parent/Guardian Signature:** _____ MB

This camper will bring asthma medication to camp and should have it nearby at all times in the camp pack (P). Camp staff must monitor each dose. **Parent/Guardian Signature:** _____ P

This camper will also bring: nebulizer spacer

Allergy Emergency Medications: This camper does not have allergy emergency medications.

Include a copy of the camper's allergy action plan. Contact the camp director if you have any questions.

Provide two EpiPens bearing the original pharmacy labels.

Name of Medication	Amount/dose	Route (ex: injected)	When it is given
Benedryl/ diphenhydramine			
EpiPen/ EpiPen Jr.			

This camper will bring allergy emergency medication but does not need to have it nearby at all times. The medication may be stored in the medication box (MB) in the office. **Parent/Guardian Signature:** _____ MB

This camper will bring allergy emergency medication and should have it nearby at all times in the camp pack (P). Camp staff must monitor each dose. **Parent/Guardian Signature:** _____ P

This camper has been trained to administer his/her own EpiPen. (Required for age 5+)

This camper recognizes the onset of an allergic reaction and can notify a camp staff member if symptoms occur.

This camper does not recognize and report the onset of an allergic reaction. Call the Camp Director today!

For Campers Attending Camp at Habitat in Belmont Only: Prescriber must sign below for prescription medication.

Prescribing Provider: _____ Signature: _____ Date: _____

(For Camp use: Off-Site Healthcare Consultant Signature: _____ Date: _____)

Camper Name:

Last

First

Middle

Session/Group:

Date:

Release/Pick-Up:

My camper may be released to the following adults (including carpool drivers or those who may pick up in an emergency.) Include first and last names (John/Susan Lee, not "the Lees").

- 1. Name: _____ Relationship: Custodial Parent/Guardian
- 2. Name: _____ Relationship: Second Parent/Guardian
- 3. Name: _____ Relationship: _____
 Phone Day: _____ Evening: _____ Cell: _____
- 4. Name: _____ Relationship: _____
 Phone Day: _____ Evening: _____ Cell: _____
- 5. Name: _____ Relationship: _____
 Phone Day: _____ Evening: _____ Cell: _____
- 6. Other means of dismissal permitted (walking, bicycling, taxi, etc.): _____

The parent/guardian may send a signed note to make changes to this list. People picking up campers must bring a photo ID. If a person not listed above arrives to pick up a camper, the camper will remain with camp staff until the parent/guardian has been contacted and has given permission for the release. If there are specific people to whom the camper may not be released, please inform the camp in writing.

Medical Waiver and Authorization (agreement is required for participation):

Medical Release: This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff to provide routine health care; to administer prescribed or over-the-counter medications as described; and to provide or obtain emergency care and transportation for the camper if needed. I give permission to the physician selected by the camp to order x-rays, tests, and treatment related to the health of my child both for 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 and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.


Medications: Pursuant to Massachusetts law and Mass Audubon policy, I authorize Mass Audubon's designated healthcare staff to administer as listed above Medications At Camp and Asthma or Allergy Emergency Medications, as directed, to my child for whom it was prescribed. I understand that all medications at camp must be approved by the camp's off-site healthcare consultant, seen and checked by the camp's health supervisor, and each dose monitored by a camp staff member. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label.

Insurance: I certify that the named camper is covered by health and accident insurance or Medicaid and that the policy information given is correct. (A copy of the insurance card must be provided if the camp program includes an overnight or off-site trip.)

Off-Site Trips: I give permission for my camper to participate in and be transported to any off-site trips as scheduled, and this completed form may be photocopied for off-site trips.

Release/Pick-up: I understand the release policy as described and authorize Mass Audubon to release my child to the people/methods listed above.

I, the parent/legal guardian of the named camper, have read, understood, and agree to the above.

 **Signature** of Custodial Parent/Guardian: _____ Date: _____
 Print Name: _____ Relationship to camper: _____

Camper Name: _____
Last First Middle

Program: I give permission for my child to participate in all camp program activities similar to those described in the newsletter, camp brochure, or information packet. I understand that Mass Audubon reserves the right to change program activities or instructors and cancel programs, should Mass Audubon decide in its sole judgment that it is necessary and appropriate to do so.


Expectations/Dismissal: I have informed the Camp Director and other appropriate Mass Audubon staff of any limitations to my child's participation and agree to abide by Mass Audubon's sole judgment as to whether my child can be accommodated in the camp program. I understand that failing to disclose any physical, emotional, or behavioral needs or conditions may result in the child's dismissal from the program without refund. I understand that my child must follow the stated behavior expectations and safety rules and that Mass Audubon reserves the right in its sole judgment to dismiss without refund any child whose behavior interferes with the rights and safety of others or consistently disrupts group dynamics or activities.

Sun and Bugs: I understand that outdoor exploration is an integral part of Mass Audubon programs and my child will be exposed to risks including but not limited to sun, ticks, and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child before bringing him/her to camp each day. I give permission to Mass Audubon staff to assist my child in re-applying sunscreen, insect repellent, and topical anti-itch cream. I understand that some ticks may transmit disease after being attached for over 24 hours, and it is my responsibility to check my child's body thoroughly every day and to remove any ticks that may become attached. I understand that participants in overnight programs will be given instruction on how to check themselves for ticks and will be reminded by staff to do so. I am responsible to do a complete check upon my child's return home.

Payment, Cancellation, and Refund: I understand and agree to the payment, cancellation, refund, and late fee policies as described in the camp's newsletter, brochure, confirmation letter, or information packet.

I have read and agree to abide by the terms and policies listed above and those found in the camp newsletter, brochure, confirmation letter, or information packet.

I, the parent/legal guardian of the named camper, have read, understood, and agree to the above.


 **Signature** of Custodial Parent/Guardian: _____ Date: _____
Print Name: _____ Relationship to camper: _____

Day Camp Audio/Visual Image Release

Mass Audubon uses images and sounds of children and staff participating in programs as a way of documenting the enjoyable and educational experiences they have while exploring the natural world. Mass Audubon will not identify my child, or will identify my child only by first name and program, unless I give specific written permission to do otherwise.

In consideration of the above, I hereby consent to Mass Audubon (1) photographing, filming, and video-taping my child, and (2) using and displaying images and sounds of my child in Mass Audubon's websites, archives, and promotional or information material, including but not limited to newsletters, brochures, advertisements, and newspaper articles, and I hereby waive and release on behalf of my child any rights of compensation for, or ownership of, such images and/or sounds of my child.

I have read this media release and agree to its terms and conditions.

 **Signature** of Custodial Parent/Guardian: _____ Date: _____
Print Name: _____ Relationship to camper: _____

Camper Name: _____
Last First Middle

Mass Audubon staff members make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities offered. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that program activities may include, but are not limited to: hiking on uneven terrain, playing active games, participating in activities near water, and other activities such as cooking, making candles, and being near program animals. The camp newsletter, brochure, or information packet will inform you of special activities that may also include, but are not limited to: traveling in Mass Audubon-owned or -leased vehicles, using camp stoves or open campfires, using knives or other hand tools, swimming, kayaking, canoeing, sailing, backpacking, and using a ropes challenge course that may include both high and low elements. Other risks may be inherent in program activities.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless Massachusetts Audubon Society, Inc., and its officers, directors, employees, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the Mass Audubon program and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the Mass Audubon program and activities, excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during Mass Audubon programs and activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the Mass Audubon program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate, as described in the Agreement of Terms or camp newsletter, brochure, or information packet.



Signature of Custodial Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to camper: _____



Day Camp Health Care Record

Check your camp confirmation for the forms deadline!

To the Parent/Guardian: If your healthcare provider has given you a form recording the most recent physical exam and all required immunizations, send a copy to the camp and do not complete and return this page.

If your healthcare provider has not given you a form recording the most recent physical and all required immunizations, complete the Camper Information below and send this page to the provider's office to complete. It is your responsibility to return this completed page to the camp, prior to the forms deadline. Contact the Camp Director for a waiver that must be completed if the camper has not had a physical exam or been fully immunized for religious reasons. Keep a copy of this completed form for your records.

Camper Information:

Name: _____ Female Male Other Birth Date: _____
First Middle Last Month/Day/Year

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

To the licensed medical provider: Complete this form for the camper named above. Attach any additional needed information. A copy of a previously completed form from a yearly physical, or similar, may be submitted in place of this form.

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

Physical exam requested within 24
months prior to camp.

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

Allergies: No known allergies.

This camper is allergic to (list all): Food Medicine the environment (hay fever, insect stings, etc.) Other
Describe previous reactions:

If a camper has an anaphylactic allergy or asthma, include a copy of the camper's allergy and/or asthma action plan(s).

Diet and Nutrition: This camper eats a regular diet.

This camper has a medically prescribed diet or dietary restrictions. Please describe:

Medications: This camper does not take any medications.

This camper takes the following medication(s). Describe below, and include the medication name, dose, frequency, and reason for taking. Attach additional information if needed.

Will the camper require limitations or restrictions to activity while at camp? No Yes

If "Yes", what limitations/restrictions do you recommend? Describe below. Attach additional information if needed.

Additional information for camp healthcare staff:

Immunization History: Provide the **day, month, and year** for each immunization. Massachusetts requirements are listed below. Serologic proof of immunity is accepted in lieu of immunization. Campers must meet the requirements for the grade they are entering, except those entering Kindergarten may meet the Preschool requirements for summer camp. Immunizations must be recorded and signed by a licensed medical provider. The date of the last tetanus immunization is required.

Immunization [Grade(s): # doses]	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5/most recent
Diphtheria, tetanus, pertussis (DTP, DT, DTaP, Td, or Tdap) [Pre, 1 st -6 th : 4, K: 5]					
Tetanus booster (Td, Tdap) [7 th -10 th : 1]	must be within the last 10 years				
Measles, Mumps, Rubella (MMR or MMRV) [Pre: 1, K-12 th : 2]					
Polio (OPV or IPV) [Pre, 7 th -12 th : 3, K-6 th : 4]					
Hepatitis B [Pre-6 th : 3]					

Signature of Licensed Provider: _____ Date: _____

Print Name: _____ Title: _____ Office Phone: _____

Office Address: _____
Street Address City State Zip Code