



4-H Camp Middlesex

1031 Erickson Road • P.O. Box 185
Ashby, Massachusetts 01431

PARENT/GUARDIAN AGREEMENT

Please place a check mark in each of the boxes of each section that you agree to and sign below.

- YES...In case of sickness**, I wish my child to be held at the camp's First Aid Facility. I understand that all the first aid procedures are located in *the Camp Middlesex Parent Handbook*.
- YES...I authorize the Camp Nurse or Directors to administer the following non-prescription medications, as checked below.** (Please check off below which non-prescription medications you give permission to be administered by the Camp Nurse to the below named camper on an as needed basis. All over the counter medications for campers shall be kept in the original containers containing the original labels, which shall include directions for use).
- Acetaminophen (Tylenol): To relieve headaches, minor aches, fever, and menstrual cramps. Contains no aspirin.
 - Ibuprofen (Motrin/Advil): To relieve headaches, toothaches, minor aches, fever, and menstrual cramps. Contains no aspirin. *Caution: people with a severe allergic reaction to aspirin must not take ibuprofen.
 - Dyphenhydramine (Benedryl): Contains antihistamine for temporary relief of sneezing, runny nose, itchy eyes and throat due to allergy and colds and/or pain & swelling due to insect bites.
 - Cough Drops & Throat Lozenges: Quiets coughs.
 - Allergy Medications (Claritin/Zyrtec)
 - Antacids (Tums): Provides temporary relief of acid indigestion and/or nausea.
 - Sunscreen/insect repellent (may be applied by counselors, if needed)
 - Topical ointments (Bacitracin, Calamine, Hydrocortisone, burn gel containing aloe/lidocaine): To protect against infection or relieve itching/pain from insect bites, rashes, or superficial burns.
- YES...In the event of apparent serious illness**, I authorize 4-H Camp Middlesex to send him/her to the nearest hospital. 4-H Camp Middlesex uses the Ashby Fire Department Ambulance Service to transport any child in need of emergency care. The ambulance service transports to Leominster or Deaconness-Nashoba hospitals only. If I wish my child to be cared for at a different facility it will be my responsibility to transfer my child from one of the aforementioned hospitals. I shall be responsible for charges incurred either through home health and accident insurance or Medicaid. I understand I will be notified of any illness/accident as soon as possible. For serious injuries or concerns not requiring an ambulance, the camp will send the child to the Urgent Care facility in Fitchburg, or Leominster Hospital.
- YES...I grant permission** for my child to participate in ALL camp activities and programs at 4-H Camp Middlesex.
- YES...I grant permission** for my child to leave camp grounds to attend the Wednesday night band concert in Ashby Center. I also grant permission for my child to walk to the Ashby Basketball courts (depending on program schedule), and to attend the weekend trip (as advertised) if my child is staying over the weekend.
- YES...I authorize 4-H Camp Middlesex** to have and use photographs, slides, and recordings of my child as may be needed for records or public relations.
- YES...I authorize the release of DVD/videos that feature my son/daughter** taken during program areas that may include video images of my children.
- YES...I understand that 4-H Camp Middlesex reserves the right** to cancel camp programs should Government action or other circumstances make camp operation impossible. 4-H Camp Middlesex also reserves the right to decline to accept an application and to dismiss a camper from camp. Under suspicions of theft and possessing camp banned substances, Camp Middlesex *administration* reserves the right to search through a camper's belongings.

Camper's Name

Group & Session

Parent/Guardian Signature

Date



4-H Camp Middlesex

1031 Erickson Road • P.O. Box 185

Ashby, Massachusetts 01431

Phone: (978) 386-7704 • Fax: (978) 386-7046

www.campmiddlesex.com

Steven J. LaFountain, M. Ed., Executive Director

Camper/CIT Code of Conduct

I understand that while attending 4-H Camp Middlesex, I am representing the good name of 4-H Camp Middlesex and the Middlesex County Foundation, Inc. I will willingly obey all established policies and rules set forth by this organization, to include the following:

- I will not willfully steal or damage property, use foul language, or carry anything that may be considered a weapon.
- I will not harm another camper physically or call them names (we have no tolerance for physical, sexual, verbal, or emotional abuse).
- I will not smoke, drink, use drugs, or bring any of them to camp. All medications (including over the counter creams, vitamins, aspirin, etc.) that I may use, either prescription or over the counter, must be given to the nurse and stored in the Infirmary.
- All snacks that I bring must be given to my counselor.
- With the exception digital cameras and CD/MP3 Players, electronic equipment is not allowed at camp. I understand that all electronic equipment that I bring (including cell phones) will be confiscated by my counselor and stored in the safe at the office. CD/MP3 players may only be used in the cabin during rest periods. Camp Middlesex is NOT responsible for any electronic equipment that is lost or stolen, as campers are discouraged from bringing them to camp.
- I understand that there is no tolerance for graffiti of any form at camp.
- I understand that the use of Camp Middlesex's name and logo use outside of camp needs written permission by the camp Director. Any digital media about Camp Middlesex created outside of camp requires a disclaimer that is available in the Parent's Handbook. Any media (including Myspace, Facebook, Youtube, or other websites) created about Camp Middlesex without the disclaimer will not be tolerated.

I have read the following Code of Conduct, and promise to abide by it while at camp. If I fail to abide by any rules set forth in this code, a meeting will result with one of the camp's administrators who may dismiss me from camp after a review of my behavior. I understand that my parent/guardian will be notified at this time. I also understand that if I am dismissed from camp for any reason, I should not expect to return to camp in the future without a review of my case and an interview with my parent/guardian and the 4-H Camp Middlesex Director.

Camper's Signature

Date

Parent's Signature

Date



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Camp Store Deposit Form DAY CAMPER

Camper's Name: _____

Group Number: _____ Week(s) Registered (circle) 1 2 3 4 5 6 7

At the Camp Store: The camp store at Camp Middlesex is open every day during recreational swim time, from 2:15-3:15. Campers may purchase snacks, drinks, or camp items at the store at this time. The prices of snacks and drinks range from 25 cents to \$1.25. We recommend \$10/week.

On the chart below, enter in how much you would like to add to the camp store for each week that you are registered for. Add up all the boxes, and enter the total amount in the box to the right. This is your spending money deposit.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7

Enter Amount Here

Day Camp Picture at \$10.00
Circle the week(s) you would like your picture of below:

2 3 4 5 6 7 8

Enter Amount Here>>>>>>>

Ashby Band Concert Spending Money
(Recommended \$5/week)

On Wednesday night, day campers may walk to Ashby Common to watch the band concert. At the common there are snacks on sale for campers to purchase. We recommend that campers be provided with \$5 to purchase snacks.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7

Enter Amount Here>>>>>>>

Ashby Band Concert Dinner at \$6 per week
circle week(s) 1 2 3 3 4 5 6 7

Friday Candlelight Dinner at \$6 per week
circle week(s) 1 2 3 3 4 5 6 7

Day campers have the option of staying for dinner on Wednesday or Friday nights for an additional \$6.

Enter Amount Here>>>>>>>

Total Deposit

Add up all the boxes above and enter the total amount here.

Enter Total Amount>>>

I wish to donate any unused funds directly to (check one):

Facility Fund Campership Fund Endowment

Please REFUND any unused funds



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What to Bring to Day Camp...

Recommended:

- Swim suit
- Beach towel
- Sun screen (non-aerosol)
- Insect repellent (non-aerosol)
- 1 change of pants/ shorts
- 1 change of shirt
- 1 change of underwear & socks
- Rain gear (coat, poncho, boots, umbrella, etc.)
- Sweatshirt or sweater
- Sandals or flip-flops (for pool)
- Water Bottle
- Sneakers or comfortable walking shoes
- Hair ties for long hair
- Backpack to store belongings
- Camera and film
- Medical Form (completed by physician)
- Prescribed medication (in original container)
- All possessions labeled with camper's name. *At the end of the summer, we will mail all possessions in lost and found if they contain the camper's name on them.*

Not allowed at camp:

- Electric Equipment – Video games, cell phones, radios, etc.
- Anything of value
- Weapons – Pocket knives, toy or real guns, etc.
- Cash

Please Note: **4-H Camp Middlesex is not responsible for any clothing or personal items brought in by campers.** Campers are responsible for labeling their items before coming to camp and for checking the lost and found for items before they leave.



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Dear Day Camp Family:

Welcome to the day camp program 4-H Camp Middlesex. We are excited about the start of another great season! The following information is to help you understand our check-in and checkout procedure. Please read through it carefully.

Day Camp Times

Drop Off:

Regular: 8:15-8:30

Extended: 7:30

Pick Up:

Regular: 5:30-5:45

Extended: 6:30

Day Camp Camper Check-In:

Day campers are encouraged to check in on **Sunday between 4:00 - 4:30** or on **Monday morning at 8:00**. Day campers that have signed up for more than one session need only to attend the Sunday check-in for their 1st session.

Sunday Check-In:

1. Day camp parents are allowed to enter camp after 4:00 pm. Please try not to come to camp before this, as our staff need to get the last minute preparations together for your child's arrival.
2. Campers will be greeted at the bridge where they will receive a checklist for the registration process.
3. Families that still owe a balance are asked to proceed to Erickson Lodge. **WE WILL NOT ACCEPT PERSONAL CHECKS DURING SUNDAY REGISTRATION.** You will need to pay with a credit card or cash.
4. Once in the Recreation Hall, you will check in with the Office Manager, and complete any last minute paperwork.
5. From the recreation hall, you will proceed to the camp store, where you will deposit money for the camp store, Wednesday night's band concert, and purchase a group photo, if desired. Families may do this ahead of time using the *Camp Store Deposit Form*, and only need to check in to verify.

- o. Your next stop will be the infirmary. You will check-in with the nurse, who will do a head and foot check and review medications/health procedures as needed. Families that have registered for more than one week of camp only need to check-in with the nurse during their first week registered, unless there is a change of medical condition or are dropping off meds for the week. Also, in order to accommodate the large number of families that need to see the nurse, we will be placing more staff at the infirmary to ensure that check-in runs as quick as possible.
7. Registration ends promptly at 4:30 pm.

Morning Check-In:

1. For extended day campers, drop off time is at 7:30 am. At this time, a counselor will greet you at the bridge. If you arrive after this time, please check-in at the Dining Hall, as the Extended Day Campers will be eating breakfast at this time.
2. For regular day campers, drop off time is between 8:15 and 8:45 am. There will be a counselor at the bridge to check you in during these times. If you arrive later, please check your child in at Erickson Lodge (main office).
3. Day campers are invited to stay for Wednesday night's band concert and Friday's Candlelight Ceremony for an additional \$6 for dinner. You will be asked to pick your child up at the band concert or Candlelight Ceremony.

Day Camper Check-Out:

1. **Check-out for regular day campers is between 5:30 and 5:45 pm.** It is at **6:30 for extended day campers.** If you plan to pick up your child earlier, please report to Erickson Lodge (main office) to sign them out.
2. When signing your child out, please be prepared to show some form of ID. **WE WILL NOT RELEASE CAMPERS TO ANYONE OTHER THAN TO WHOM IS STATED ON THE RELEASE FORM.**
3. **Wednesday Nights** - Campers that choose to go to the band concert on Wednesday nights will need to be picked up before 8:00 in the town common (we usually arrive around 7:00).
4. **Friday Nights** - On Friday night, campers staying for the candlelight ceremony will need to be picked up at 7:00. Parents are invited to attend the theater show and candlelight ceremony that begins in the rec. hall at 6:00.

If you have any questions or need additional information, don't hesitate to call the camp office at (978) 386-7704 or e-mail us at: office@campmiddlesex.com.

Thanks,
4-H Camp Middlesex

CAMPER HEALTH HISTORY FORM 1

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

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

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

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Email: _____

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

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. (Please describe below.)

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

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Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s)

CAMPER HEALTH HISTORY FORM 1

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

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis★ (DTaP) or (TdaP)						
Tetanus booster★ (dT) or (TdaP)						
Mumps, measles, rubella★ (MMR)						
Polio★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

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

Camper Name: _____
First Middle Last
Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | |
|---|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

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

