



*Spring / Summer 2011*

Dear Camp Parents:

Thank you for registering your child or children for Summer Camp 2011! As the summer approaches, we look forward to welcoming each child to our program and getting to know him or her. Please review the following important summer camp details and feel free to contact us with any questions or concerns.

### **Balances Due**

If you have not paid your camp fees in full, please note that all balances are due no later than June 13, 2011. You may pay by check or by credit card over the phone (224-9909 x 333). Checks are payable to 'NH Audubon' and can be mailed to: NHA Summer Camp, 84 Silk Farm Road, Concord NH 03301.

### **Camper Information Forms**

Enclosed, please find a set of Camper Information Forms which need to be completed and returned to us at least 2 weeks prior to the start of your child's camp session. **Please Note: Part of this form must be completed by a physician**, verifying that your child has had a complete physical exam within the last 2 years, is up to date on immunizations, and providing a doctor's order for medication administration. **We cannot allow any camper to participate in our program if we do not have their completed health form.** The Camper Profile section provides our staff with important information to enable us to meet your child's needs.

### **Check-In and Check-Out Procedures**

- Our regular drop-off period for campers runs from 8:30 – 9:00 a.m. We ask that you please comply with these times. Failure to do so will interfere with staff planning and preparation. Thank you for your understanding.
- Please accompany your child to the check-In table where he/she will receive a group assignment. You will need to sign your child in every morning and out every afternoon. For the safety of your children, please plan to show your photo ID at check-out. Please provide a signed note ahead of time if someone other than you will be picking up your child.
- Pick-Up time is 4:00 p.m. (12:00 for preschool half-day programs). Please see page 3 for extended care options. *PM care is not available for half-day campers.*

## Tips for Preparing Campers *for the Best Camp Experience*

**Please dress appropriately for the weather.** All groups will be spending a portion of each day outdoors. Some children will be outside for extended periods of time and proper preparation will ensure their comfort and safety. Please review the following recommendations:

- We recommend old clothes and sneakers. Some days will involve getting somewhat wet and/or dirty.
- If shorts are worn on warm days, socks should also be worn to protect against the possibility of poison ivy. Please, no sandals or open-toed footwear.
- A summer hat and sunscreen will protect children from the sun.
- Be prepared for mosquitoes - we suggest creams or stick rather than sprays.
- Even in light rains, we will be spending a portion of each day outdoors. Campers should have appropriate jackets or raincoats with them depending on the weather.
- Full-day campers should bring a lunch, (2) snacks, and drink. Half-day campers should bring a snack and drink. Campers should also bring extra water. It is best if these are brought in a backpack or bag that can easily be carried in the woods. Please plan for lunches and snacks that do not require refrigeration. As an organization concerned about protecting the environment, we encourage reusable or recyclable containers.
- We request that you label your child[ren]'s belongings - especially jackets, hats, raincoats, etc. which are likely to be taken on and off during the day. Our lost and found often gets quite full and it is difficult to return items without identification.

### Please Do Not Bring

- Candy, Soda, Gum
- Pocket Knives, Aerosol Cans, Cell Phones, Money or Handheld Electronic Items

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For additional questions, please contact your NH Audubon Center:

Massabesic Audubon Center, Auburn: (603) 668-2045

McLane Audubon Center, Concord: (603) 224-9909, x 333 or [shall@nhaudubon.org](mailto:shall@nhaudubon.org)

Thank you for including NH Audubon in your summer plans, and we look forward to seeing you soon!

Sincerely,

Angie Krysiak, Camp Director (Massabesic)

Kevin Wall, Camp Director (McLane)

Sarah Hall, Camp Registrar

# Camper Information Form #1

## Preferences

Please select your camp location:     Massabesic Center, Auburn             McLane Center, Concord

### *Photographic Release*

We often take photographs during our camps and programs for use on N.H. Audubon’s web site, and in press releases, brochures, magazine, outside publications, etc. We request your permission to photograph your child while he/she participates in N.H. Audubon classes and activities.

We appreciate your permission to photograph your child – the images will help us to spread the word about conservation and our work.

I HEREBY GRANT PERMISSION for New Hampshire Audubon staff, or other persons authorized by New Hampshire Audubon (including newspapers, television or other media outlets), to take photographs (still or video) of my child, \_\_\_\_\_. These photographs may be used for information and promotional materials relating to N.H. Audubon activities, educational programs, and conservation efforts. I understand that New Hampshire Audubon may proceed in reliance upon this release form.

I DO NOT GRANT PERMISSION for New Hampshire Audubon, or other persons authorized by New Hampshire Audubon (including newspapers, television or other media outlets), to take photographs (still or video) of my child, \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Please print your name*

### *Extended Care*

Supervised play time is available before (7:45am-on) and after (up to 5:30pm) regular camp hours.

I do not plan to use extended care.

I plan to use extended care on a “pay-as-you-go” basis. I authorize NH Audubon to bill the credit card below for extended care charges at a rate of \$5/hour of care. I understand that charges will be incurred at a minimum increment of 30 minutes and I will receive a receipt for all billed extended care fees.

I would like to register for a full session of extended care at a discounted rate.

*Please indicate your request and complete credit card information below.*

Sessions	1: June 27–July 1	2: July 5–8	3: July 11–15	4: July 18–22	5: July 25–29	6: August 1–5	7: August 8–12
AM Care	<input type="checkbox"/> \$15	<input type="checkbox"/> \$12	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15
PM Care	<input type="checkbox"/> \$24	<input type="checkbox"/> \$20	<input type="checkbox"/> \$24	<input type="checkbox"/> \$24	<input type="checkbox"/> \$24	<input type="checkbox"/> \$24	<input type="checkbox"/> \$24

Payment method:  Check     Mastercard     Visa     AmEx

Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

## *Camper Information Form #2*

### **Camper Profile Form**

At NH Audubon Camps, we strive to meet a variety of individual needs within the context of our camp community. Please complete the following to help us get to know your child.

Camper's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Please share your child's special interests or talents:

Please tell us about any situations or skills that are challenging for your child:

Please describe your child's ability to work in a group setting (i.e. shy, outgoing, a leader, cooperative, prefer small groups etc.):

Does your child have any difficulties with behavioral, learning or physical skills? If so, please describe and list the best way to assist the camper (give directions one step at time, or written, or after lunch needs to run around for about 15 minutes, etc.).

Does your child require a special aide or assistance at school or at other organized programs? (*Note: We do require that if your child requires an aide at school that the child also be accompanied to camp by an aide.*)

Please list anything else that you think would be helpful for us to know about your child so that we can provide them with the best possible camp experience. (Use additional paper if necessary).

**Camper Information Form #3**  
**Emergency Contact & Health History Form**  
**TO BE COMPLETED BY PARENT**

Camper's Full Name: \_\_\_\_\_

All information will be kept confidential and released only to appropriate individuals.

<b>Parent (1)</b> Name: _____ Occupation: _____ Day Phone: _____ Eve Phone: _____ Beeper/Pager/Cell: _____ Address: _____ _____	<b>Parent (2)</b> Name: _____ Occupation: _____ Day Phone: _____ Eve Phone: _____ Beeper/Pager/Cell: _____ Address: _____ _____
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**Summer Guardian (if applicable)**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_  
Beeper/Pager/Cell: \_\_\_\_\_ Address: \_\_\_\_\_

Please list two people we can contact in case of emergency, if parents/guardians are unable to be reached.

1) Name: _____	2) Name: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Personal Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone : \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_

Policy No.: \_\_\_\_\_

### Camper Information Form #3 (continued)

Please specify if the camper has any medical conditions or history: \_\_\_\_\_

Hearing/Vision problems. Glasses  ~ Contacts  ~ Hearing Aid  : \_\_\_\_\_

List any known allergies (medication, food, insects, environmental) \_\_\_\_\_

How does the allergy affect your child/reaction? \_\_\_\_\_

Medication given for allergy symptoms (if any) \_\_\_\_\_

Any side effects from this medication (sun sensitivity, etc) \_\_\_\_\_

Will your camper need prescription or over the counter (OTC) medications at camp? Y  N

If YES, see **DOCTOR'S ORDERS and MEDICATION RELEASE FORM**. Please list medication, including inhalers, epi-pens, dosage and time taken. Any medication administered/taken at camp must be clearly marked with the child's name, frequency, and dosage. (If a camper has a prescription for an inhaler or an epinephrine auto-injector (epi-pen), **we must receive permission** from the child's parent/guardian and physician in order for the child to possess the medication. Please see Physician Form and complete accordingly.

Med. #1: \_\_\_\_\_

Med. #2 \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Can camper self-administer it? \_\_\_\_\_

Can camper self-administer it? \_\_\_\_\_

Side effects? \_\_\_\_\_

Side effects? \_\_\_\_\_

**No prescription medications will be administered without the completion of the DOCTOR'S ORDERS, and SIGNED BY BOTH THE DOCTOR and A PARENT/GUARDIAN. (See Physician Form)**

#### PARENTAL AUTHORIZATION STATEMENT

Please Read Before Signing

"I hereby give permission to the staff of NH Audubon Summer Day Camps, who are properly trained and certified in First Aid and CPR, to administer such care and to provide OTC medications (i.e. Tylenol, Ibuprofen, Calidryl for poison ivy) and prescribed medications as listed on the Physicians Orders form."

"I request the camp to call me if my child is injured or becomes ill. If they are unable to reach me, I authorize the camp to call the physician listed and to follow his/her instructions. If the camp is unable to contact the physician, they may make whatever arrangements are deemed necessary (i.e., ambulance, emergency room, hospitalization.)"

"I hold harmless and indemnify the staff from any liability while providing care for my child during camp, including while on field trips."

"This completed form may be photocopied for trips out of camp."

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Camper Information Form #4

### Physician's Acknowledgement of Present State of Health

#### TO BE COMPLETED BY PHYSICIAN

All information will be kept confidential and released only to appropriate individuals. Physical summary document may be used in place of this form if up-to-date (within the past 2 years) and if containing same set of information.

Camper's Full Name: \_\_\_\_\_

Is/has this camper been diagnosed with any emotional, social or behavior concerns or disorders? N  Y :

If YES, please describe including any treatment or medications, as well as the best strategies to assist the camper - especially positive ones: \_\_\_\_\_

Is this camper currently under the care of a physician for any health conditions? N  Y : If YES, please describe, including any treatment needed at camp: \_\_\_\_\_

Does this camper have any allergies? (medication, food, insects, environmental, etc.) N  Y : If YES, please describe: \_\_\_\_\_

Description of any limitation or restriction on camp activities: \_\_\_\_\_

#### IMMUNIZATION AND INFECTIOUS DISEASE HISTORY

VACCINE	DATE OF BASIC IMMUNIZATION	YEAR OF LAST BOOSTER	DATE OF ILLNESS
DPT (Diphtheria, Whooping Cough, Tetanus)			
TD (Tetanus, Diphtheria)			
Tetanus			
Polio, oral			
Polio, salk			
Measles			
Mumps			
Rubella			
Hepatitis B			
Chicken Pox			
TB Mantoux test Positive <input type="checkbox"/> Negative <input type="checkbox"/>			

## Camper Information Form #4 (continued)

### PHYSICIANS ACKNOWLEDGEMENT

"I have examined this child and find her/him to be in good health and able to participate in any camp activity program."

Physician Signature: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Please print name: \_\_\_\_\_ Physician phone (Business): \_\_\_\_\_

Physician phone (Emergency): \_\_\_\_\_

Physician Address: \_\_\_\_\_

### DOCTOR'S ORDER and MEDICATION RELEASE FORM

#### To be signed by BOTH physician and parent

*All medications will be securely stored in our camp office & distributed as directed by these orders. However, due to recent changes in state law, inhalers and epipens may also be carried by the child. By signing below you are providing approval for this child to possess and use (as directed and with supervision) a metered dose inhaler and/or epinephrine auto injector.*

Is this camper currently taking any medications, including Epipens & Inhalers? N  Y : If YES, please complete the following:

Med. #1: \_\_\_\_\_

Med. #2 \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Can camper self-administer it? \_\_\_\_\_

Can camper self-administer it? \_\_\_\_\_

Side effects? \_\_\_\_\_

Side effects? \_\_\_\_\_

**NO prescription medications will be administered without the completion of the DOCTOR'S ORDERS and SIGNED BY BOTH THE DOCTOR and a PARENT/GUARDIAN.** By signing below the child's parent/guardian and physician are confirming that the child has knowledge and skills to safely possess and use the epi-pen or inhaler at camp.

\_\_\_\_\_  
Physician Name (please print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date