Camper Information and Forms Packet

Centers in Concord ● Auburn ● Manchester ● Hebron

Dear Camp Parents:

Thank you for registering your child or children for NH Audubon’s Nature Day Camps 2019! As the camp season approaches, we look forward to welcoming each child to our program and getting to know him or her. Please review the following important camp details and feel free to contact us with any questions or concerns.

**Balances Due**

Full payment is due at the time of registration if total fee is $350 or less. Otherwise, a **$200 deposit per camper** is required at the time of registration and balance must be paid 2 weeks before each vacation session begins or by June 10, 2019 for summer camp. YOUR CHILD(REN)’S SPOT WILL NOT BE HELD IF PAYMENT DEADLINES ARE NOT MET. You may pay through PayPal (follow the link in your confirmation email) or you may pay by check (payable to NH Audubon) or credit card over the phone. Please remit payment to the center where your child(ren) will attend.

NH Audubon’s Massabesic Center: Nature Day Camps, 26 Audubon Way, Auburn, NH 03032
NH Audubon’s McLane Center: Nature Day Camps, 84 Silk Farm Road, Concord, NH 03301 or fax to: (603) 226-0902

Or email for either location to camps@nhaudubon.org

**Cancellation Policy:** A $25 administration fee per camper will be charged for all cancellations. If the cancellation is made more than (a) 2 weeks prior to the session for February or April camp or (b) 30 days prior to the session for summer camp, a full refund (minus cancellation fee) will be given. If less than 2 weeks/30 days, a refund will be given only if the slot can be filled. No refund will be given without notice of cancellation.

**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. **We cannot allow any camper to participate in our program if we do not have their completed forms.**

**Please Note:** Enclosed is a form that 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. A printout from your child’s doctor with details of their last physical, immunizations, and a doctor’s signature showing them fit for camp activities can replace this form. **NOTE:** If your child carries their own inhaler or epi-pen, we will need a doctor’s signature that they are allowed to do so. This can be found on our enclosed physician form, but is often not included in the typical print-outs from the doctor’s office.

Return to the center where your child will attend camp:

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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. Please call the camp if your child will be dropped off late (after 9) or picked up early (before 4). 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 summer “Wonders” half-day programs). Please see page 4 for extended care options. AM extended care is only available in summer. PM extended care is not available for half-day campers.
Camper Information Form #1: Preferences

Camper’s Full Name: ____________________________________________________________

Attending Sessions: ____________________________________________________________

Photographic Release

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

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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 a time, time outs to cool down, etc.).

Does your child require a special aide or assistance at school or at other organized programs? If so, please contact the camp director at the camp location of interest to discuss your child’s individual abilities and needs.

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).

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# 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.

<table>
<thead>
<tr>
<th>Parent (1)</th>
<th>Parent (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: __________________________</td>
<td>Name: __________________________</td>
</tr>
<tr>
<td>Occupation: __________________________</td>
<td>Occupation: __________________________</td>
</tr>
<tr>
<td>Day Phone: _________________________</td>
<td>Day Phone: _________________________</td>
</tr>
<tr>
<td>Eve Phone: _________________________</td>
<td>Eve Phone: _________________________</td>
</tr>
<tr>
<td>Cell Phone: ________________________</td>
<td>Cell Phone: ________________________</td>
</tr>
<tr>
<td>Address: ______________________________________________</td>
<td>Address: ______________________________________________</td>
</tr>
<tr>
<td>Email: ___________________________________________</td>
<td>Email: ___________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guardian (if applicable)</th>
<th>Relationship to Camper: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________</td>
<td>Day Phone: __________________________</td>
</tr>
<tr>
<td>Day Phone: __________________________</td>
<td>Eve Phone: __________________________</td>
</tr>
<tr>
<td>Cell Phone: _________________________</td>
<td>Address: ______________________________________________</td>
</tr>
</tbody>
</table>

Please list two people, *in addition to parents/guardians named above*, that we can contact in the event of emergency, if parents/guardians are unable to be reached.

1) Name: __________________________ Phone: __________________________ Relationship: __________________________

2) Name: __________________________ Phone: __________________________ Relationship: __________________________

Personal Physician: __________________________________________________________

Address: ___________________________________________ Phone: __________________________

Health Insurance Co: __________________________________________________________

Policy No.: __________________________________________________________

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Camper Information Form #3 (continued)

Camper’s Full Name______________________________

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 Nature 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 

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**Camper Information Form #4**

*The Physician Form is now required for Feb, Apr, & Summer*

**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: 

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**IMMUNIZATION AND INFECTIOUS DISEASE HISTORY**

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE OF BASIC IMMUNIZATION</th>
<th>YEAR OF LAST BOOSTER</th>
<th>DATE OF ILLNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT (Diphtheria, Whooping Cough, Tetanus)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TD (Tetanus, Diphtheria)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio, oral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio, salk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Mantoux test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive ☐</td>
<td>Negative ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Camper Information Form #4 (continued)  Camper’s Full Name_________________________

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)

__________________________________________________________ Date

__________________________________________________________

Parent/Guardian Name (please print)

__________________________________________________________ Date

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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:

For **February camp**, please bring snow-proof clothes. A pair of boots for outside and sneakers for inside is helpful. Please bring extra pants, socks, hat and gloves as clothes can get wet outside.

For **April and summer**, 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 sticks 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, preferably in a reusable water bottle. 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**

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

**For additional questions, please contact your NH Audubon Center:**

NH Audubon’s Massabesic Center, Auburn: (603) 668-2045 or akrysiak@nhaudubon.org

NH Audubon’s McLane Center, Concord: (603) 224-9909, x 333 or sbernier@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)
Shelby Bernier, Camp Director (McLane)
Lisa DeYeso, Camp Registrar (Massabesic)