



# Summer Camp Parent Handbook 2026



Wethersfield Parks and Recreation  
Dept.  
505 Silas Deane  
Highway  
Wethersfield, CT 06109  
(860)721-2780

<http://wethersfieldct.gov/recreation>  
[rec.activities@wethersfieldct.gov](mailto:rec.activities@wethersfieldct.gov)



Eleanor Buck Wolf Nature Center  
156 Prospect St. Wethersfield,  
CT 06109 (860)721-2780  
[www.ebwnaturecenter.org](http://www.ebwnaturecenter.org)  
[naturecenter@wethersfieldct.gov](mailto:naturecenter@wethersfieldct.gov)

## Table of Contents

Introduction .....	1
Mission.....	1
Goals and Objectives .....	1
Contact Information .....	2
Don't Forget!.....	2
What to Bring, What Not to Bring .....	3
General Camp Information .....	4
Policy for Non-Discrimination .....	4
Special Needs.....	4
Staffing.....	4
Fees and Refunds .....	5
Nature Center Parking and Traffic Flow .....	6
Directions.....	7
<u>Camp Policies</u>	
Rules, Behavior and Discipline .....	8
Field Trips .....	8
Attire .....	10
Sun Protection.....	10
Sign In Sign Out Procedures .....	10
Late or Absent Campers .....	11
Grouping .....	12
Late Pick Up.....	10
Injury, First Aid, Illness, Med Administration .....	10
Lunch and Snacks.....	11
Electronics and Personal Property.....	11
Lost and Found .....	11
Cancellation, Delay, Early Dismissal .....	11
<u>Daily Information</u>	
Camp Hours .....	12
Sample Daily Schedule .....	12
Free Swim/ Swim Lessons .....	12
Camp Capers .....	13
Theme Days .....	13
Entertainers, Professional Guests, Special Events .....	13
<u>Medications at Camp</u>	
Med Administration Policy .....	13
Parent Responsibilities .....	14
Staff Responsibilities .....	14
<u>Forms</u>	
Parent Pick up Authorization .....	15
Non Prescription Med Authorization .....	17
Prescription Med Authorization .....	18
Special Needs Request Form.....	19
Health History.....	20

## INTRODUCTION

Welcome to the Wethersfield Parks and Recreation Department's Eleanor Buck Wolf Nature Center camp program. We are pleased that you have chosen this program for your family. This parent handbook was written to help you better understand our programs and policies. Whether this is your child's first or fifth year with our day camp programming, we ask that you read and thoroughly understand this handbook. If you have any questions please call us at the nature center line. The safety and well-being of your child is just as important to us as it is to you!

### **Wethersfield Parks and Recreation Department Mission**

Our mission is to meet the recreational needs of residents by providing a variety of enjoyable leisure pursuits for all ages with facilities that are well maintained, safe, accessible and attractive.

### **Camp Mission**

Summer Camp Programs provide children with the opportunity to engage in fun and informative activities, while forming new friendships with other children and positive relationships with staff members. The diversity of our camp programs matches that of our town and we encourage children of all abilities within the camp age range to participate in activities and experiences that strive to benefit campers emotionally, physically, and socially.

### **Goals**

- Develop in each camper an appreciation for the natural surroundings, including a concern for ecology and a desire to help preserve our environment.
- Encourage campers to develop new skills and work towards improving their performance at a given task.
- Help each camper gain a deeper understanding of and appreciation for his/her own skills and abilities.
- Encourage the development of leadership skills in campers of all ages.
- Keep all children safe and happy.

### **Objectives**

- **Appreciation of the Natural Surroundings-** Campers will participate in activities focused on environmental protection, education, and appreciation of nature and our great outdoors.
- **Skill Development-** Each camper will be exposed to and learn about several areas of skill development including Arts and Crafts, Sports, Music, etc.
- **Appreciation of their own Skills and Abilities-** Each camper will complete group activities that exercise leadership and problem-solving skills

\*Per Connecticut General Statute 19a-77 we are required to disclose that our programs are not licensed by the State of Connecticut.

## Contact Information

2

### INFORMATION AT YOUR FINGERTIPS

Located at:

Eleanor Buck Wolf Nature Center  
156 Prospect St. Wethersfield, CT  
06109

Contact us by:

Phone: 860-721-2780

Email: naturecenter@wethersfieldct.gov

**Nature Center Director:** Patrick Telman

**Camp Director:** Fallon Flynn

**Daily Camp Hours**      **Extended Hours**

8:00am-4:30pm

4:30-5:30

\*Please note: For the Trailblazers, field trips may extend the hours of the regular camp day.

### Session Dates and Themes

Session	Dates	Theme
1	6/22 to 6/26	Tiny Creatures, Big Jobs
2	6/29 to 7/2*	Forces of Nature
3	7/6 to 7/10	Animal Kingdom
4	7/13 to 7/17	Future Scientists
5	7/20 to 7/24	Marine Madness
6	7/27 to 7/31	Extinct Explorers
7	8/3 to 8/7	Mission Space
8	8/10 to 8/14	Junior Ranger
9	8/17 to 8/21	Survival Week

\*No Camp on July 3rd

### Don't Forget...

Required forms:

- Pick Up Authorization/ Sunscreen Waiver
- Camper Health History filled out completely
- (If needed) Medication Authorization(s)
- (If needed) Special Needs Request

**Please submit forms as soon as possible, or prior to attending camp. Campers WILL NOT be allowed to enter camp without the required forms.**

- Campers will not be released from camp without having been **signed out** by someone **listed on the Pick Up Authorization Form** that has **shown a photo ID** (this may be requested **each day**). Make sure that **YOU** are on the Pick-Up Authorization for your child!
- If your child will be late or absent any day, please call the camp phone (860-721-2780) and let us know. If we have not heard from you once the day has started, we will attempt to contact you to confirm the absence.
- Groups will be made based on last grade completed and/or age. Specific group requests will be considered but may not be able to be accommodated. Please submit all requests in writing and prior to their registered camp week.

Please note, due to new campers enrolled weekly, groups may shift throughout the summer. Therefore, it is very possible your child may be in a group from week to week with different children and staff.

---

**What to Bring to Camp Daily**

- A smile ☺
- Appropriate footwear (Closed toed shoes)
- Bag lunch
- Two snacks (Pack snacks separately from lunch-

snacks are NOT refrigerated)

Please label snacks as AM or PM

- Reusable water bottle (Labeled with name)
- Sunscreen (should be applied prior to camp by parents/guardians AND in bag, labeled with name)

Please note: sunscreen is kept at camp throughout the week

- Insect Repellent (Labeled with name)

Please note: insect repellent is kept at camp throughout the week

- Change of clothes
- Bathing suit & Towel
- Backpack/Bag for all belongings
- Raingear/ Warm clothes as necessary
- Medicines (If necessary) any over the counter nonprescription or prescription medicines require a doctor's note. (See camp medication authorization form)
- Masks (if needed per Town guidelines)

\*Our rule is no one shares food, including siblings, due to allergies and health concerns.

\*If you would like to submit a request for a food donation (birthdays, end of camp), please see the Camp Director

\*\*Due to the dietary needs of many of our animals, we are *NOT* a nut-free facility

**What Not to Bring to Camp**

- Electronics (including Game Boys, iPods, Cell Phones, etc.)
- Valuable/Precious items
- Money (unless approved by Camp Director for field trips)
- Flip flops/ Sandals (Except for use at pool)
- Other types of games or toys from home (i.e. Pokémon cards etc.)

**\*The use of personal belongings in this category are at the discretion of the Camp Directors**

**Please write**  
**name on all**  
**belongings**

We hope that you understand and appreciate our policies as they directly relate to the safety and well-being of your camper. We look forward to your cooperation in helping us provide a pleasant and safe camp experience for your child.

### Registration and Required Forms

Registrations may be made in person at the Parks and Recreation Office or online at [Wethersfieldct.gov/recreation](http://Wethersfieldct.gov/recreation). Registrations will NOT be taken over the phone. Registrations will be taken on a first come, first served basis. Due to the high demand for quality day camping experiences and the limit of staffing and space, there may not be a place immediately available for your child. We do maintain a waiting list based on the date of the application. Program registration forms are required for all families and can be found at the Recreation Office and in each brochure. All campers must be the specified grade before or during the camp session for which they are registered.

All forms including Authorized Pick-Up, Sunscreen Waiver, Camper Health History, and, if applicable, Special Needs Request and Medication Authorization must be completed **every year** in order for each child to attend camp. Forms do NOT transfer from programs run during the school year. All forms can be found at the end of this handbook. The Camper Health History form does **not** need to be signed by a doctor, but all updated, accurate information is required. Therefore, it may be best to have the child's physician fill out this form. A copy of your child's current school medical form is acceptable for the medical information (just attach the form to the back of Health History form).

Please keep in mind that we receive forms from approximately 150 unique campers throughout the summer that require careful consideration and precise organization. As this is very time consuming, we ask that you return all completed paperwork to the Recreation Department or Nature Center as soon as possible, up to one week prior to the start of the camper's first session. Within one week of the start of the camper's session, please deliver forms directly to the camp site. **Camper's may NOT be signed in until all required paperwork is completed and returned.**

### Policy for Non-Discrimination

The Wethersfield Parks and Recreation Department does not discriminate on the basis of race, ethnicity, religion, sex, marital or veteran status, national origin, disability or political beliefs.

### Children with Special Needs

The Wethersfield Parks and Recreation Department accepts children with special needs in an integrated group setting when it is determined that the child can best be served in a camp environment. Wethersfield Parks and Recreation Department staff will work closely with the child's family and qualified professionals to make such a determination and build a successful camp experience or make referrals to settings that are more appropriate when necessary. A special request form is located at the end of this handbook. We encourage you to complete a form, if applicable, as the more information provided to us about your child and the resources he or she needs, the more readily the Parks and Recreation Department will be able to meet those needs.

### Staffing

The Parks and Recreation Department is responsible for hiring all camp staff. We generally hire college students, ages 18 or older, many of whom are pursuing a degree in Education or a related field. All camp personnel are additionally trained prior to the start of camp and attend seminars on blood-borne pathogens, child development, child abuse recognition and reporting, diversity awareness, positive disciplining, games, leadership, and much more. Prior experience in a camp or day care setting is a desirable asset for any staff member that we hire. The staff consists of approximately 8-15 total counselors, specialists and supervisors. All staff members contribute to meeting our staff to camper ratios that are as follows:

Age 5: 1 staff to 6 campers

Ages 6-8: 1 staff to 8 campers

Ages 9-12: 1 staff to 10 campers

**Fees, Payments, and Balance Due Dates**

Sessions must be paid in full at time of registration. It is your responsibility to notify the Parks and Recreation Department if your child will not be attending a camp session for which he is registered. See *Refund* information below. Payments can be made in person (up to one week prior to the start of each session) at the Parks and Recreation Office with cash, credit card, or check made out to the Town of Wethersfield, or online.

**RETURNED CHECKS:** There will be a \$30.00 fee charged for all returned checks.

**Refunds**

Parks & Recreation reserves the right to cancel programs and issue refunds due to insufficient registrants or causes beyond its control. Refunds will be automatic if a session is cancelled.

***REFUND POLICY (revised April 2021):***

**All refund requests for withdrawal from a program must be made in writing and sent to:**  
**[rec.activities@wethersfieldct.gov](mailto:rec.activities@wethersfieldct.gov)**

- A full refund less a \$10 processing fee per program will be given if withdrawal is requested two weeks prior to the start of the program.
- A 50% refund less a \$10 processing fee per program will be given if withdrawal is requested one week prior to the start of the program.

**Refunds will NOT be granted less than one week prior to the program start date.**

**Contact Information and Parent Communication**

Eleanor Buck Wolf Nature Center.....860-721-2780  
 Nature Center email.....naturecenter@wethersfieldct.gov

You can also contact us through the following means:

Parks and Recreation Office (year-round, 8:00-4:30 Monday to Thursday..... .860-721-2890  
 \*Please note: Hours for Fridays are 8:00am to 1:00pm  
 Parks and Recreation email (year round) .....rec.activities@wethersfieldct.gov

Important session information will be emailed to you about 1 week prior to the start of each camp session. Notices will also be distributed at the start of each session to inform and remind parents of upcoming activities and/or any changes in program plans. There will also be a board placed at the entrance to camp at the beginning and close of each day with important notices or changes. We ask that you take advantage of our efforts to keep you informed about and prepared for our daily and weekly activities. We encourage you to speak with your child’s counselors and Camp Director frequently. If there are any questions, problems, or situations that need to be addressed do not hesitate to do so, or to contact the Wethersfield Parks and Rec. Dept. administrative staff at 860.721-2780

### Nature Center Traffic Flow and Parking

Parking at the Nature Center is limited. During pick up and drop off times, we ask that you park in designated spots and allow exiting traffic to leave before entering.



**Directions to Eleanor Buck Wolf Nature Center**  
**The Eleanor Buck Wolf Nature Center is located at 156 Prospect St. Wethersfield.**  
**CT From I-91 and points North**

Follow I-91 South to exit 25S. Continue Straight on to CT-3. Follow CT-3 to Prospect St. Turn right on Prospect St. Follow to Mill Woods Park on left. Turn left at light onto Dick Dobmeier Blvd. Nature Center is first parking lot on right.

**From I-91 and Points South**

Follow I-91 North to Exit 24. Continue straight of exit onto CT-99 (Silas Deane Highway). Turn left onto Hewitt St (Buffalo Wild Wings on left). Take second right onto Maple St (CT-3). Take 3<sup>rd</sup> left onto CT-287 (Prospect St.) Follow Prospect St. to Mill Woods Park on left. Turn left at light onto Dick Dobmeier Blvd. Nature center is first parking lot on right.



## CAMP POLICIES

### **Rules, Behavior, and Discipline Policy**

Campers will be responsible for following ALL camp rules as listed below:

- Campers must be respectful to other campers, staff, and facilities at all times.
- Campers must be respectful of our animals and abide by all Nature Center rules as it applies to the animals.
- Campers must remain in designated camp areas at all times.
- Campers must stay with their specified counselors at all times.
- Campers must walk in Nature Center halls, rooms, and other buildings.
- Campers must use appropriate language with other campers and staff at all times.
- Campers must refrain from any horseplay, physical violence, and or engaging in any dangerous activities.
- Campers must abide by all rules and policies established by any contracted field trip company or facility.
- Campers are only permitted to leave camp when they are signed out by a parent/guardian or other authorized person.
- No weapons, projectiles, alcohol, drugs, pets, or illegal substances will be allowed. Possession will result in immediate expulsion from all camp programs.
- Be aware of daily schedule and wear clothing appropriate according to each camp day's agenda.

Camp staff will focus on the prevention of negative behavior. We will praise the positive and attempt to downplay the negative in an effort to bring out the best in every child. When needed, we believe discipline takes many forms and should vary according to age, individuality, and the developmental level of each child. Concern is focused on the action/behavior rather than the child. (example: We do not use statements such as "you are a bad boy/girl." Rather, "I did not like what you did.") Our staff will use positive guidance, redirection, continuous supervision, and set clear limits during disciplinary action. Staff should report any negative behavior to parents on the day of the incident, if possible.

All children are expected to behave in a proper and respectful manner. We will not tolerate any physical violence, name calling, foul language, destruction of property, or any other behavior deemed inappropriate by the staff. In accordance with the severity and frequency of the behavior, documentation may be kept on file and shared with parents if requested. If warranted, the Recreation Department reserves the right to dismiss or suspend any child from the program. No refunds will be given.

**Rules for Buses and Field Trips  
(Trailblazers Only)**

**General Guidelines:**

- Campers are to remain in their seats on the bus at all times. Campers must sit with their unit/group and specified counselors on the bus.
- No yelling, screaming, or throwing any objects at any time.
- No consumption of food or drinks on the bus.
- Campers should remain with their specified counselor at all times. The “Buddy System” used at camp also applies when off Nature Center premises
- Campers that take medication should meet with camp staff or FAR (First Aid Responder) at specified meeting times/locations.
- Campers must abide by the rules of all facilities used including field trip locations.

**A parent/guardian signature on a permission form will be required for your child to attend any field trips included in our program.** The Trailblazers program will include one field trip per week on a designated day. Please see the list of field trips for the 2026 camp season. Field trip locations are subject to change throughout the summer and families will be notified of such changes.

**The bus is on a timed schedule, and will leave promptly.** Please note the time of anticipated bus arrival on each permission slip, and understand that tardiness to the Nature Center on field trip days may impact the ability to attend. In the case of circumstances that prevent field trip attendance, families are asked to notify Camp Directors ASAP.

Please keep an eye out for weekly messages as it will include all necessary information regarding. As always if you have any questions ask one of the directors. Please note: We are not always able to refrigerate lunches or snacks on field trip days, so pack accordingly.

Campers are expected to be on their best behavior on field trips as they are acting as representatives of the Town of Wethersfield. Please also reference the Camp Rules for Field Trips listed on page 8. Camper belongings may be left on the bus during field trips for safekeeping and campers are responsible for any misplaced items while on trips. Some field trips have vendor booths for souvenirs and snacks, so you may decide to give your child money to bring for field trips in order to make purchases as you deem appropriate and as time allows. Please make sure to talk with your camper about appropriate purchases ahead of time. **We are not responsible for lost or misspent money/personal items on any field trip day.**

**Trailblazers Field Trips (Summer 2026)**

Day/ Date	Destination	Leave Nature Center	Return to NC
6/25	Hartford Yard Goats Game: Optional Sleepover 156 Prospect St. Wethersfield	6:00pm	9:00-9:30pm
7/1	Rock Spot Climbing, Wallingford. CT	9:00am	4:00-4:30pm
7/9	Whitewater Rafting W/ Crabapple Whitewater. Deerfield MA	9:00am	4:00-4:30pm
7/15	Kent Bicycle Tour, Kent, CT	9:00am	4:00-4:30pm
7/22	Hammonasset Beach and Nature Center. Madison, CT	9:00am	4:00-4:30pm
7/29	Dinosaur Place, Oakdale, CT	9:00am	4:00-4:30pm
8/5	CCSU Planetarium New Britain, CT	9:00am	4:00-4:30pm
8/12	Lake Compounce. Southington, CT	9:00am	4:00-4:30pm

**\*Please make sure Trailblazers campers arrive at the Nature Center at least 15 minutes prior to bus departure time.**

### **Attire**

Children should dress in a comfortable manner for camp. We suggest shorts, T-shirts, and sneakers be worn. Sandals and dress clothes are not appropriate for camp as children will be engaged in various sports, hikes, active games, and craft projects.

We also recommend your child bring a towel, bathing suit, and an additional set of clothes to camp on a daily basis. Please note, the Nature Center field tends to get fairly muddy after a rain shower, so packing extra socks and shoes may be helpful. If the weather permits, we will play water games. **Please label all personal belongings!** While participation in camp-wide theme days is strongly encouraged, please keep in mind that our daily activities will continue and outfits should allow full participation. On these days especially, a change of clothes may be good idea.

### **Sun Protection**

We strongly suggest that a parent or guardian apply sun block (minimum SPF15) prior to camp. Staff can assist in applying sun block. Campers should bring their own sun block each day in order to reapply when needed. This, along with all personal belongings, should be labeled with the camper's name. The camp has emergency spray sun block if needed. If possible please pack spray sunscreen as applying lotion to all campers is time

### **Ticks:**

Despite the fact that we encourage the use of bug spray at camp and that staff will keep an eye on all campers, no system is infallible. Therefore, we recommend that you do a "Tick Check" on your child at the end of each day and take appropriate measures should a tick be found.

### **Sign-In and Sign-Out Procedures**

Upon arrival at the campsite each day at the specified time, each camper must be signed in with a staff member at the site entrance\*. At the day's end, only those designated on the camper's Pick-Up Authorization form will be allowed to sign your camper out upon display of a photo ID. All campers must be signed out before they will be released from camp care.

\*The Parks and Recreation Department will not be responsible for children dropped off at camp earlier than the designated start times. Campers will be signed in by the Camp Director(s) or assigned staff at the car and then go directly to their designated group's site. At the end of the day, the process will reverse and campers (upon pickup) will be signed out at the car by the Camp Director(s) or assigned staff.

**The staff may request identification each day from everyone who picks up a camper, INCLUDING PARENTS/GUARDIANS. Campers will NOT be allowed to leave unless identification is presented at the time of pick-up.** Please fill out the Pick-Up Authorization Form on page 15 of the Parent Handbook, listing all the people who are allowed to pick up your child, **including yourself!** Your child will not be allowed to leave camp with anyone other than those people listed on the Pick-Up Authorization form unless otherwise noted by a parent. REMEMBER, this is for your child's safety and your peace of mind. If you would like to add someone to your list of authorized pick up, arrangements can be made with the Camp Director. If someone comes to pick up your child that is not listed, we will contact you to confirm authorization. Uber, taxi, or any other ride-based services are not permitted.

If you need to authorize someone to pick up your child for one or several specific days, ask a staff member for a one-day sign-out authorization BEFORE the particular afternoon. If this is an emergency that arises during the camp day, please contact us with the name of the person that will be picking up your child. If you are picking up your child early, you must go directly to the camp office to sign out your child

### **Late or Absent Campers**

Parents please notify the camp (860-721-2780) if your child will be late or absent from camp. Each morning, your child's counselor will take attendance. If your child is not present, whether they are late or absent, the Nature Center will make every effort to contact you and confirm this absence.

### **Grouping**

Children will be placed in groups based on their age and/or grade. While we believe that consistent grouping of campers and staff alike throughout the summer is favorable, we cannot guarantee that campers (and counselors) will remain in any one group from week to week. Somewhat contrarily, it **is** possible for campers to be placed in the same group during two consecutive summers. Please do not make any assumptions about your child's grouping. If you have a special request for grouping your child with another child, please speak with the Camp Director or submit your request in writing at least one week prior to the start of the camp session. As it is very difficult to coordinate all campers each week, we ask that requests be placed in terms of a specific camper being placed with other specific campers; please include first and last names. Broad requests for a camper to be placed "with the other 4<sup>th</sup> graders" or "in the Bobcats" may not be considered. **Requests will be considered on an individual basis. We cannot guarantee any request but we will attempt to honor it.**

### **Late Camp Pick Up**

Because the Parks and Recreation Department incurs additional expenses after the close of camp, all campers must be picked up by the specified close of camp. If for whatever reason a parent is unable to pick up the child at the established close of the program, the parent should arrange for pick-up by another person authorized to do so. If you will be picking up your child late, we request that you inform the camp as soon as possible. In the case that a parent/guardian has not arrived for pick-up later than 15 minutes after the end of the camp day, nor contacted the camp, the camp staff will attempt to contact the parent/guardian. In cases where parents or alternates cannot be reached, the police will be contacted for assistance and advice in locating parents.

Parents will be charged \$10.00 for every increment of 15 minutes after the close of camp before the child is picked up. Parents will be billed immediately for all late charges. Payments can be made at the Nature Center.

### **Injury, First Aid, Illness, and Medication Administration**

Specific members of our staff are First Aid and CPR certified, and are responsible for the immediate, on site administration of basic first aid and/or CPR for any injuries occurring at camp. If the injury or illness is beyond common occurrence injuries (scraped knees, bumps and bruises, overheating) and proves to be a more serious condition (head injuries, sprains/breaks, heat exhaustion, severe allergic reaction, heart injury), we will contact parents or guardians and if necessary, any emergency medical services immediately. We will treat to the best of our abilities on site until help arrives. In the event of such an emergency, the camp staff will first attempt to contact the child's parents/guardians. If unsuccessful, we will continue to try emergency contacts until we are able to reach someone. **Please inform your emergency contacts of their responsibilities and be sure that they are readily available to receive and respond to such a call- this includes illnesses as mentioned below.**

If your child is sick, please keep them home. Please report any communicable diseases promptly, i.e. Chicken Pox, Head Lice, Pink Eye, etc., to the Camp Directors. Refunds or credits are not given for missed camp days and are a matter for Parks and Recreation. If your child becomes sick during the camp day, a parent/guardian will be contacted immediately and asked to pick up the camper as soon as possible. **If sent home with a fever or the child has vomited, they will not be allowed to be signed in the following day. If sent home with a communicable disease, a camper will not be allowed to be signed in without a doctor's note stating that they are no longer contagious.**

At least one Director will be certified in Medical Administration including medications such as inhalers, antibiotics, and Epi Pens. However, staff cannot be responsible for administering medication to campers. Staff will keep all medications in safekeeping, remind children to take medication, and supervise self-administration. **Parents must fill out the Camper Medication Authorization Form located at the end of this handbook in order for campers to take any medication at camp. This includes all inhalers and over the counter medications.**

All medications must be presented in their original prescription containers and **given directly to one of the directors.** Medications should **NOT** be kept in camper backpacks or other belongings. Please remember to retrieve the medication at the end of the day or session depending on your home needs. If concerned about medication administration or health monitoring for your child, please email the Nature Center or a Camp Director prior to the start of your designated camp week(s).

**Lunch and Snack**

Campers must bring a bag lunch and a drink to camp daily. Please label all lunch bags, boxes, juice, and water containers. Camper lunches will be refrigerated as a group. If possible, please do not send lunch boxes because they take up too much room in limited refrigerator space. It is recommended that all campers bring lunches that have adequate nutritional value. Please do not send meals that require microwaving or heating. We do not have the facilities to heat multiple lunches in a timely fashion.

All groups will have a time before lunch and in the late afternoon for campers to enjoy a snack packed from home. Please pack the snacks separately, label it with the camper’s name, AM or PM, and put it in the group’s designated area by your camper’s backpack. **SNACKS WILL NOT BE REFRIGERATED, SO PLEASE PACK APPROPRIATELY!** Perishable food items such as fruit, dairy products and others will be consumed during the morning snack time.

**\*\*Please Note:** Due to some of the dietary needs of our animals at the Nature Center we are not able to be a peanut free facility.

**Electronics and Personal Property**

Please do not send your child with electronics (i.e. DS, cell phones, iPods, etc.) or other expensive toys to camp. We are not responsible for lost, stolen, or damaged items. Any item brought to camp that is deemed inappropriate, or is used in an inappropriate manner, will be held by the Camp Director and returned to the parent/guardian at the close of the camp day. Cell phone use during camp hours is also not allowed. If you and your child need to be in contact during the day, please use the camp phone at 860-721-2780. This phone will be available to campers throughout the day for reasons approved by staff. The Wethersfield Parks & Recreation Department is not responsible for any lost, stolen or damaged personal property including sports equipment used in programs.

**Lost and Found**

A lost and found area will be designated on camp grounds and announced to all campers. Please visit the Lost and Found with your child toward the end of each session as unmarked water bottles, lunch bags, sweatshirts, and theme day costume apparel are often left behind, forgotten, and unclaimed each week. At the end of the camp season, all lost and found items will be donated or disposed of.

**Cancellation, Delay, or Early Dismissal**

If camp is delayed or canceled due to severe weather, power supply damage, or other unforeseen circumstances, you will be notified by phone or email and it will be posted on the Nature Center Facebook Page. If camp must be dismissed early for any reason, all families will be notified immediately. Please note that any changes in the daily plans within camp hours will NOT be cause for immediate parent notification. If you have any questions regarding our location or other specifics in regards to late sign-in or early sign-out on an individual basis, please contact the camp. For example, during the presence or possibility of inclement weather, we may stay at the campsite or return early from pool or field trips. Additionally, sign out may take place inside the facility during inclement weather.

### Hours of Camp

Our camp program is held each day from 8:00-4:30. For a breakdown of the day, please refer to our sample daily schedule. This year for an additional charge you can sign up your camper(s) for late pick up which is from 4:30-5:30.

### Sample Daily Schedule

All campers are grouped according to their grade level or age during prior school year. Therefore, all activities are age appropriate. The age levels of the groups may change from session to session due to enrollment. Campers will travel as a unit to each activity with their specific group counselors. Morning meeting serves as a morning gathering, a time when the whole camp comes together to start the day. Counselors plan activities for their groups' Unit Time (i.e. small group games, songs, crafts, etc.). It is a time for bonding. Rec Stations are similar to Unit Time, but includes all campers from two or three age groups who are offered the choice of five or six unique counselor-planned activities.

	Chipmunks	Squirrels	Lions	Tigers
8:00-9:00	Sign in	Sign in	Sign in	Sign in
9:00-9:15	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting
9:15-10:00	Ecology Lesson	Ecology Lesson	Ecology Lesson	Ecology Lesson
10:00-10:20	AM Snack/Nature Walk	AM Snack	AM Snack	AM Snack
10:35-11:20	Change and Sunscreen	Nature Walk	Nature Walk	Nature Walk
11:30- 12:10	Swim	Ecology Lesson	Ecology Lesson	Ecology Lesson
12:10-12:30	Clean up	Change and Sunscreen	Change and Sunscreen	Change and Sunscreen
12:30 to 12:50	Lunch	Lunch	Lunch	Lunch
1:00-1:40	Quiet Activities/ Nap	Swim	Swim	Swim
1:45-2:25	Ecology Lesson	Group Activities	Group Activities	Group Activities
2:30- 2:55	PM Snack	PM Snack	PM Snack	PM Snack
2:55 to 3:45	Group Activities	Group Activities	Group Activities	Group Activities
3:45 to 4:00	Clean Up/ Camp Capers	Clean Up/ Camp Capers	Clean Up/ Camp Capers	Clean Up/ Camp Capers
4:00-4:15	Closing Circle	Closing Circle	Closing Circle	Closing Circle
4:00 -4:30	Sign Out	Sign Out	Sign Out	Sign Out

\*This is a sample schedule. There may be changes prior or and/or during the camp season.

**Free Swim/ Swim Lessons.**

If your child is registered for back to back sessions, (Normally Sessions 1 and 2, 3 and 4, 5 and 6, 7 and 8.) They will be offered

two weeks of swim lessons at Mill Woods Park pool. If you/ your child would like to opt out of swim lessons and just participate in free swim, please let us know in writing with a note or email stating that this is the case. Unfortunately, we are not able to offer swim lessons to one-week campers or campers who are registered for off sequence weeks such as session 2 and 3, 4 and 5, 6 and 7 etc. or the Trailblazers as field trips will conflict with lesson schedule.

**Camp Capers.**

At the close of the camp day, we will be taking 15 minutes to do a few chores around camp. Groups will have assigned areas of the campgrounds to attend to. This includes putting all equipment away, collecting lost and found and delivering to appropriate places and picking up all litter as well as making sure their unit area is neat and tidy.

**Theme Days**

Theme Days are incorporated on **Thursdays** of each week. During designated times, we will be running activities based upon the day's theme. Please look for these on our camp calendar. Keep in mind that these activities are active and large or abundant theme outfits may not be appropriate and a change of clothes should be packed in case the camper becomes uncomfortable.

\*We are asking for donations of items related to theme days in order to provide the most memorable and unique experience for your child. Donations can be dropped off at the Nature Center during normal business hours. If you are unsure of a specific donation, please call the Nature Center.

Session 1 Sports Team day. Wear your favorite teams' apparel.

Session 2 Red, White and Blue day. Celebrate the 4<sup>th</sup> of July.

Session 3 Tacky Tourist Day. Wear your floral shirts, socks with sandals, and excessive accessories.

Session 4 Wacky Tacky Day. Dress as crazy as you want!

Session 5 Pajama Day. Come to camp in your Jammies (but be prepared to change)

Session 6 Anything but a backpack day. Bring your stuff to camp in anything but a backpack.

Session 7 Twin Day. Dress like a buddy or your favorite counselor.

Session 8 Color Wars. Wear your groups color.

Session 9 Hat Day. Wear your best hat, the crazier the better.

**Entertainers, Professional Guests, and Special Events**

Camp may have a variety of guest entertainment during the summer. This may include magicians, singers, dog trainers, local and state police, and much more. We expect that especially during these special events, campers conduct themselves in the utmost respectful manner as representatives of our town. Specific dates and times of these entertainers will be included in our calendar or weekly emails.

**NON-PRESCRIPTION AND PRESCRIPTION MEDICATIONS AT CAMP**

Senior staff are trained and authorized to administer certain prescription and non-prescription medications to program participants with proper documentation. If your child will not need the medication during the course of his or day at the Nature Center, please disregard this notice.

If your child brings to camp an Epi-Pen, inhaler, other prescribed oral or topical medication (ADHD, allergies, cortisone cream, etc.), or even a non-prescribed oral or topical medication (ibuprofen, allergies, fungal cream, etc.) that he or she will need during the day at the Nature Center, then a Medication Authorization form signed by you and a physician must be on file.

Prescription and Non-Prescription Medication Authorization forms are enclosed. Similar forms used by your daycare, school, or doctor are acceptable. A separate form must be submitted for each medication. Please bring any completed forms and clearly labeled medications with you the first day and personally deliver them to the Directors during Sign-In

## **Parent Responsibilities**

- **It is the parent's responsibility to inform program staff upon registration that their child has a prescribed inhaler, epi -pen, other medication, or diagnosis that may impact camp activities.**
- Authorization forms are required to be signed by parent **and** physician before the program starts. They must include:
  - The child's name, address, and birth date.
  - The drug name.
  - The prescribed dose.
  - The method of administration.
  - The time to be administered.
  - The side effects.
  - The prescriber's name and address.
- Medications must be in their original container and clearly labeled.
- Parents must replace medications prior to the expiration date. Please note, if medications are sent to camp with an expired date, it will be sent back home, and a replacement (with an appropriate expiration date) must be provided before qualified staff can administer such medication.

## **Staff Responsibilities**

- All medications shall be kept in a locked box in a staff room inaccessible to children. Keys to the locked box shall be accessible only to personnel authorized to administer medication.
- Medication shall be administered only in accordance with the written order of the authorized prescriber.
- Any unused portion of the medication shall be returned to the parent at the end of the program.
- Parents will be notified when/if a child has been administered any medication in an emergency
- Staff will keep accurate documentation of all medications administered by completing the proper paper work, which will be kept in the files. Individual administration records shall be written in ink and include:
  - The date the medication was administered.
  - The time it was administered.
  - The dose that was administered.
  - The signature of staff person administering the medication.
  - Any comments.

# PICK UP AUTHORIZATION

## PERMISSION FOR PERSONS TO REMOVE A CHILD FROM PROGRAM FORM

Please provide information for all people that are approved to pick up your child. **BE SURE TO LIST ALL PARENTS/GUARDIANS, INCLUDING YOURSELF!!** Please notify persons listed on this form that they may be contacted in case parents cannot be reached and photo ID may be required at time of pick up. This form must be returned to the Wethersfield Parks and Recreation Department or the Nature center one week prior to the start of the session your child will be attending. The form is not valid without a signature and will then remain valid for one full year from the signature date.

I hereby authorize the Wethersfield Parks and Recreation Department personnel to release my child \_\_\_\_\_ to the following people:

**Parent/Guardian:**

Name:	Relationship:
Phone #: _____ Home/Work/Cell/etc:	Alternate Phone #: _____ Home/Work/Cell/etc:

**Parent/Guardian:**

Name:	Relationship:
Phone #: _____ Home/Work/Cell/etc:	Alternate Phone #: _____ Home/Work/Cell/etc:

**Others Authorized to Pick Up:**

Name:	Relationship:
Phone #: _____ Home/Work/Cell/etc:	Alternate Phone #: _____ Home/Work/Cell/etc:

Name:	Relationship:
Phone #: _____ Home/Work/Cell/etc:	Alternate Phone #: _____ Home/Work/Cell/etc:

Name:	Relationship:
Phone #: _____ Home/Work/Cell/etc:	Alternate Phone #: _____ Home/Work/Cell/etc:

**There are individuals that should NOT be allowed to pick up my camper(s).** (Please list on back of form.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian listed above)

**SUMMER CAMP SUNSCREEN APPLICATION AUTHORIZATION**

SUNSCREEN POLICY: Parents are responsible for applying sunscreen to their child prior to arrival at camp. If necessary, Parents should provide sunscreen for their children while at camp for camp staff to reapply later in the day. The parent must label the sunscreen bottle with the child's name and complete this Sunscreen Application Authorization Form. All sunscreen bottles will remain in our staff's care and is stored on-site. Additionally, parents may also encourage their child to wear a hat when playing outdoors. Please teach your child how to apply sunscreen correctly and talk with your child about the importance of applying sunscreen.

Camper's Name \_\_\_\_\_

As the parent or guardian of the above child, I give permission for the staff at the Eleanor Buck Wolf Nature Center to apply a sunscreen product on my child, as specified below, when he or she will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen: Staff may use the sunscreen that I am providing and, in the event, that my provided sunscreen is not available, I give permission to use any available sunscreen.

Application Instructions: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please use this space to list individuals that should NOT be allowed to pick up your camper(s)

**Wethersfield Parks & Recreation  
Non-Prescription Medication Authorization Form**

**(Not Required for Sunscreen and Bug Spray)**

**(Only required if child will be bringing nonprescription  
medications to camp)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

I authorize the staff of the Wethersfield Parks & Recreation \_\_\_\_\_  
program to administer the following medication as directed to the child named above.

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

**To be completed by parent/guardian:**

Name of medication \_\_\_\_\_

Prescribed dosage \_\_\_\_\_

Method of administration \_\_\_\_\_

Place to be administered \_\_\_\_\_

Time to be administered \_\_\_\_\_

Date medication is to be started \_\_\_\_\_ and stopped \_\_\_\_\_

Has child had any adverse reactions to this medication?

Not previously given \_\_\_\_\_

No \_\_\_\_\_

Yes \_\_\_\_\_ If yes, explain \_\_\_\_\_

Relevant side effects and plan for management if any occur \_\_\_\_\_

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

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

\_\_\_\_\_  
Address Telephone Number



# Therapeutic Recreation Supplemental Form (Not Require unless your child has a specific diagnosis)

*Please be specific when providing the following information, and submit with your Registration Form.*

Participant's Name \_\_\_\_\_

Primary Disability \_\_\_\_\_

Assistive or Adaptive Device(s) used \_\_\_\_\_

Medications \_\_\_\_\_ Side Effects Staff Should be Aware of \_\_\_\_\_

Self- medicate? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies

Special Considerations Not Mentioned Above (especially related to medical or behavioral needs)

Special Interests \_\_\_\_\_ -

I give my permission for photographs to be taken and used for program publicity. Yes \_\_\_\_ No \_\_\_\_

I give my permission for transportation in an authorized town vehicle to TR activities. Yes \_\_\_\_ No \_\_\_\_

Participant Signature or Parent/Guardian Signature

Date

\_\_\_\_\_

# Health History Form

**Needs to be completed by a parent/guardian. A physician's signature is not required.**

Medication Authorization must be completed **every year** in order for each child to attend camp. Forms do NOT transfer from programs run during the school year. The Camper Health History form does **not** need to be signed by a doctor, but all updated, accurate information is required. Therefore, it may be best to have the child's physician fill out this form. A copy of your child's current school medical form is acceptable for the medical information (just attach the form to the back of Health History form).

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Association of School Health, &

Association of Camp Nurses

american **CAMP** association®

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.

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

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

Relationship Name: \_\_\_\_\_ to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from above) Street Address City State Zip Code

**Second parent/guardian or other emergency contact:**

Relationship Name: \_\_\_\_\_ to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Additional contact in event parent(s)/guardian(s) cannot be reached:**

Relationship Name: \_\_\_\_\_ 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 is lactose intolerant.  This camper is gluten intolerant.  
 Other, **please explain in space.**

**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.**

Camper Name \_\_\_\_\_ (For Camp Use) Cabin or Group \_\_\_\_\_ (For Camp Use) Session Code(s): \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_



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)  
 Phenylephrine decongestant (Sudafed PE)  
 Antihistamine/allergy medicine  
 antihistamine/allergy medicine (Benadryl)  
 throat spray  
 Lice shampoo or cream (Nix or Elimite)  
 Calamine lotion  
 Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)  
 Pseudoephedrine decongestant (Sudafed)  
 Guaifenesin cough syrup (Robitussin) Diphenhydramine  
 Dextromethorphan cough syrup (Robitussin DM) Sore  
 Generic cough drops  
 Antibiotic cream  
 Aloe  
 Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

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 <sup>®</sup> (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

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: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

# 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?.....<br>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**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 is form is completed when the camper arrives at camp. Keep a copy for your records.**





