

HEALTH & SAFETY INFORMATION & FORMS FOR THE PARENTS OF OUR CAMPERS

(Summer/Spring/Winter Camps and FlexCamp)

Dear Parent(s) or Guardian(s):

We would like to share some information regarding the health and safety of your child.

- 1- **Food Allergies, Lunch & Snacks:** Throughout the day, there will be several small breaks during which the children will be welcomed to eat their (family provided) snacks. Such snacks must be wrapped / sealed and not put in a common area but remain in the possession of their owners. Full day campers will have a 30 minutes lunch break from approximately 12 noon to 12:30pm and will be able to consume their lunch in the tent or in a shady area. Each full day camper should be provided with his/her own sealable lunch box containing non-perishable items and with their first and last name written on the container. Another option available to our Campers would be to purchase their lunch at Richie's Deli, located across from the barn. *Order forms are available to allow the camper to choose their lunch for the week.* Campers will not be permitted to go to Richie's during camp hours, unless organized by their Counselors in-between rotations. These precautions should prevent food-related allergic reactions. Note that cold water will be made available throughout the grounds as well as hand-wash stations and that we have soda and snack machines on premises.
- 2- **Swimming Pool:** The Swimming Pool is a free option for our full day Campers at SHS who will be taken to adjacent Ginty Pool by our staff. Those who prefer not to go to the Pool will be given the choice of a substitute activity. If your child is full-day and swimming, do not forget to fill out his/her swimming experience on the Health Form. Our staff will also give all swimmers a test on the first day that they go to the pool and emphasize the buddy system.
- 3- **Sun burns / Sun strokes:** As most activities occur outside, it is a good idea for Campers to use sunscreen and wear a cap or a helmet when riding and dealing hands-on with the horses. You may send lotion with your child. Apply the first coating at home and we will subsequently re-apply if needed. Note that shaded areas and drinking water are available throughout the camp grounds.
- 4- **Footwear:** All campers must wear strong, hiking type shoes, preferably low-heel boots. No flip flops, sneakers or open-toe shoes will be permitted around the horses or in the barn area. When changing to go to the pool, campers will be allowed to switch to water shoes or sandals to wear to the pool as long as they stay away from the horses.
- 5- **Ticks and insect bites:** While our staff will remain as diligent as possible to insure that your child remains tick-free, we ask parents to check their children for ticks on a nightly basis. If you would like your child to be sprayed with an insect repellent, please send it with your child along with a note including your instructions. A product with less than 10% DEET such as Skintastic or OFF is what the American Academy of Pediatrics recommends. Be aware that when on the trails, bee or wasp stings can happen and we should be made aware of allergies to such. It is recommended that children allergic to bee stings wear a long sleeved shirt while riding on the trails.
- 6- **Immunizations:** *NJ State Law requires that all campers must have an updated medical form including all immunizations and available medical information on file with the Camp.* We are attaching a blank set with this letter for you to fill out and return to Seaton Hackney by/before the first day of Camp together with a record of all immunizations and their dates, signed and attested by your child's physician. You can, instead, attach a copy of your child vaccination record filled out by your pediatrician.
- 7- **Illnesses and Injuries:** If your child becomes ill during the camp, (s)he will be brought to the First Aid station located by the barn entrance. Should the camper run a fever or have a communicable disease or request you to pick him/her up, you will be called to arrange for an early pick up in order to insure that your child gets the proper parental attention while managing a healthy environment for the other campers and our staff. If your child suffers a minor injury, (s)he will be treated at our first- aid station by one of our CPR-certified staff members. If the injury requires more than a band aid or an ice pack, the Office Manager or the Health Officer on call will contact First Aid Responder, then you, to discuss the extent of the injury and the potential treatment. *A Consent Form is enclosed in this package: Please fill out and forward it to us prior to the start of camp.*
- 8- **Early drop-offs / Late pick-ups / Early pick-ups:** These can be arranged in advance with our Office Manager/Staff. There is a fee per occurrence for any child who arrives prior to 8:30am or is picked up after 4:00pm. During this time there are no special activities organized for the children being dropped off early or picked up late and for that particular portion of the day they will be considered as regular barn volunteers dropped off by their parents and not as campers participating in the camp. We will however provide a Counselor to oversee the pre-camp and after-camp children activities.

Thank you for filling out the attached Health Forms. You can also use your current doctor's relevant forms to supply the information. Please make sure everything is covered!

We are looking forward to a fun, safe and healthy summer experience for our campers and staff!

***Summer Camp Health Information Section
Must be forwarded at least 2 weeks before camp starts.***

Please Attach copy of Health Examination Form Provided by Child's Physician and Dated Within Two Years or Less from Camp Week's Inception and ensure that all the information we need is covered!

In order to be informed of medical, physical or other needs/restrictions for your camper(s), parents are requested to complete the following form for each camper. If we should refer to the data provided on child's physician examination a copy of which you are attaching to this form, please state so.

Camper's Name: _____ Age: _____

Weeks Attending Camp: _____

Parent /Guardian's Name: _____

Contact Number: _____ E-mail: _____

General Questions (Explain "yes" answers below)

Has/Does the participant:

- | | | | | | |
|--|-----|----|--|-----|----|
| 1. Had any recent injury, illness or infectious disease? | Yes | No | 16. Ever had back problems? | Yes | No |
| 2. Have a chronic or recurring illness/condition? | Yes | No | 17. Ever had problems with joints? | Yes | No |
| 3. Ever been hospitalized? | Yes | No | 18. Have an orthodontic appliance being brought to camp? | Yes | |
| | No | | | | |
| 4. Ever had surgery? | Yes | No | 19. Have any skin problems? | Yes | |
| | No | | | | |
| 5. Have frequent headaches? | Yes | No | 20. Have diabetes? | Yes | No |
| 6. Ever had a head injury? | Yes | No | 21. Have asthma? | Yes | |
| | No | | | | |
| 7. Ever been knocked unconscious? | Yes | No | 22. Had mononucleosis in the past 12 months? | Yes | |
| | No | | | | |
| 8. Wear glasses, contacts or protective eye wear? | Yes | No | 23. Has a problem with diarrhea/constipation? | Yes | |
| | No | | | | |
| 9. Ever had frequent ear infections? | Yes | No | 24. Have problems with sleepwalking? | Yes | |
| | No | | | | |
| 10. Ever passed out during or after exercise? | Yes | No | 25. If female, have an abnormal menstrual history? | Yes | |
| | No | | | | |
| 11. Ever been dizzy during or after exercise? | Yes | No | 26. Have a history of bed wetting? | Yes | |
| | No | | | | |
| 12. Ever Had seizures? | Yes | No | 27. Ever had an eating disorder? | Yes | |
| | No | | | | |
| 13. Ever had chest pain during or after exercise? | Yes | No | 28. Ever had emotional difficulties for which | | |
| 14. Ever had high blood pressure? | Yes | No | professional help was sought? | Yes | No |
| 15. Ever been diagnosed with a heart murmur? | Yes | No | | | |

Please explain any "yes" answers, noting the numbers of the questions (use separate sheet of paper if necessary).

Which of the following did participant have?

Measles _____ Chicken Pox _____ German Measles _____ Mumps _____ Hepatitis A _____ Hepatitis B _____ Hepatitis C _____

Please give all dates of immunization for (write n/a if vaccine does not apply):

Vaccine:	Date(s) /month/year of vaccinations : mm/dd/yy
DTP:	_____
TD:	_____
Tetanus:	_____
Polio:	_____
MMR:	_____
Or Measles:	_____
Or Mumps:	_____
Or Rubella:	_____
Haemophilus Influenza B	_____
Hepatitis B:	_____
Variella (chicken pox):	_____

Special Needs Notification:

In order to be informed of medical, physical or other needs/restrictions for your camper(s), parents are requested to complete the following form for each registered camper. Please circle **no** or **yes**. Use back if more space is needed

Medical Allergies No Yes Describe: _____
 Food Allergies No Yes Describe: _____
 Activity Restrictions: No Yes Describe: _____

Physical Restrictions No Yes Describe: _____
 Diabetes No Yes Describe: _____
 History of Seizures No Yes Describe: _____
 Recent Surgeries No Yes Describe: _____
 Other Conditions No Yes Describe: _____

Special Instructions related to allergies, bee stings, etc.....

What is the child specifically allergic to

Are you sending him or her with special medications/epi-pen/etc.... Yes No

Describe: _____

If yes, what do you want us to do in case of a related emergency?

Use this space to provide any additional information about the participant's behavior and physical emotional or mental health about which the camp should be aware.

Name of family Physician _____ Phone: _____
 Address: _____
 Name of family orthodontist/dentist _____ Phone: _____
 Address : _____

If your child will be participating in a full day of camp, if you wish the child to participate in the swimming pool sessions, please indicate swimming ability/experience below.

Circle one: *Inexperienced /Beginner* *Moderately Experienced/ Novice* *Experienced/Advanced -*

Emergency Information:

Contact # 1 _____
 Phone # 1 _____
 Phone # 2 _____

Contact #2 _____
 Phone # 1 _____ Phone
 # 2 _____

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Health Waiver/ Permission to Treat

Name: _____

As the legal parent and/or guardian of _____, I grant permission to provide routine health care, administer prescribed medications and seek emergency medical treatment to my child in case of emergency
 In the case of doctor prescribed medication, I will provide a written letter with instructions to the Office Manager

Signed: _____