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- **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 campgrounds.
- 3- **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.
- 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 I 0% 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.
- 5- **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.
- 6- 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.
- 7- **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 4:30pm. 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. 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: ______

2. Have a chronic or recurring illness/condition? Yes No 17. Ever had problems with joints? Yes 3. Ever been hospitalize? Yes No 18. Have an orthodontic appliance being brought to camp? Yes 4. Ever had surgery? Yes No 19. Have any skin problems? Yes 5. Have frequent headaches? Yes No 20. Have diabetes? Yes No 21. Have asthma? Yes 7. Ever had a head injury? Yes No 21. Have asthma? Yes 8. Wear glasses, contacts or protective eye wear? Yes No 23. Has a problem with diarrhea/constipation? Yes 9. Ever had frequent ear infections? Yes No 24. Have problems with sleepwalking? Yes 10. Ever passed out during or after exercise? Yes No 25. If female, have an abnormal menstrual history? Yes 11. Ever been dizzy during or after exercise? Yes No 26. Have a history of bed wetting? Yes 12. Ever Had seizures? Yes No 27. Ever had an eating disorder? Yes 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 28. Ever had emotional difficulties for which 15. Ever been diagnosed with a heart murmur? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had high blood pressure? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had high blood pressure? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had high blood pressure? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had high blood pressure? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had high blood pressure? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had high blood pressure? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had high blood pressure? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had emotional help was sought? Yes No 29. Ever had emotional help was sought?	Ceneral Questions (Explain "yes" answers below) as/Does the participant: 1. Had any recent injury, illness or infectious disease? Yes No 16. Ever had back problems? 2. Have a chronic or recurring illness/condition? Yes No 17. Ever had problems with joints? Yes No 18. Have an orthodontic appliance being brought to camp? Yes No 19. Have any skin problems? Yes No 19. Have diabetes? Yes No 20. Have diabetes? Yes No 21. Have asthma? Yes No 21. Have asthma? Yes No 21. Have asthma? Yes No 21. Have any skin problems? Yes No 23. Has a problem with diarrhea/constipation? Yes No 24. Have problems with sleepwalking? Yes No 25. If female, have an abnormal menstrual history? Yes No 26. Ever had deepen dizzy during or after exercise? Yes No 26. Have an abnormal menstrual history? Yes No 27. Ever been dizzy during or after exercise? Yes No 27. Ever had an eating disorder? Yes No 28. Ever had seizures? Yes No 27. Ever had an eating disorder? Yes No 28. Ever had enest pain during or after exercise? Yes No 27. Ever had an eating disorder? Yes No 28. Ever had enest pain during or after exercise? Yes No 28. Ever had an eating disorder? Yes No 28. Ever had enesting disorder? Yes No 28. Ever had enesting difficulties for which Yes No 28. Ever had enesting disorder? Yes No 28. Ever had enesting disorder? Yes No 29. Ever had heigh blood pressure? Yes No professional help was sought? Yes No 29. Ever had heigh blood pressure? Yes No 29. Ever had enesting disorder? Yes No 29. Ever had nesting disorder? Yes No 29. Ever had enesting disorder? Yes No 29. Ever had ever had ever had every had been disordered to the following disorder? Yes No 29. Ever had every h	Weeks Attending Camp:					
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	Tetanus: Polio: MMR: Or Measles: Or Mumps Or Rubella:	* /	•	v	• •		
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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

Hepatitis B: Variella (chicken pox):

Physical Restrictions Diabetes		
History of Seizures		
Recent Surgeries		
Other Conditions		
Medical Allergies	No Yes Describe:	
Food Allergies	No Yes Describe:	
Activity Restrictions:	No Yes Describe:	···
	Special Instructions rela	ted to allergies, bee stings, etc
What is the child specifi	ically allergic to	
Are you sending him or	her with special medications/epi-pen	/etc Yes No
Describe:		
If yes, what do you want	t us to do in case of a related emerger	acy?
about which the camp s		the participant's behavior and physical emotional or mental health
	ın	Phone:
	ntist/dentist	
• • •		
Emergency Information	<u>n:</u>	
Contact # 1		
Phone # 2		
Contact #2		
Phone # 1		<i>Phone</i>
#2		
==========	Health Waiv	er/Permission to Treat
	Name:	_
administe	r prescribed medications and seek em	, I grant permission to provide routine health care, ergency medical treatment to my child in case of emergency provide a written letter with instructions to the Office Manager
	Signed:	