



Camp Howe
P.O. Box 326
Goshen, MA 01032
office@camphowe.com
www.camphowe.com
413-268-7635

**A Letter To My Cabin Counselor
(To be completed by camper)**

**Welcome to Camp Howe we're glad you will be joining us this summer!
Help us get to know you better.**

Dear Counselor,

My name is _____

My friends call me _____

I have ___ brothers, aged, _____ and _____ sisters, aged _____

I live with _____

In my spare time, I like to _____

When I'm not in school, the things I like to do least are _____

I am good at _____

I am coming to Camp Howe because _____

At camp, I want to: _____ Go Canoeing _____ Learn Archery _____ Do Drama _____

Swim _____ Explore Nature! _____ Play Games _____ Care for Animals! _____

Go Hiking _____ Learn Camping Skills _____ Create Art _____ Meet New Friends _____

I am a little worried about _____

I get along with friends who _____

Last summer, I _____

I have finished the _____ grade at school.

I would really like my counselor to know _____

I understand that I will need to follow the rules and show respect to the other campers.

Camper's Signature _____



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A Letter To My Child's Counselor
(To be completed by camper's parent/guardian)

Dear Counselor,

This is _____ 's _____ year at an overnight camp.

I want my child to go to camp because _____

While at camp, I hope that _____

My child is: most happy when _____

most unhappy when _____

enthusiastic about _____

not fond of _____

apt to be afraid of _____

allergic to _____

and is _____ at taking care of personal belongings.

Gets along with age-mates who _____

Lives with : Name _____ Relationship _____

Has the following responsibilities at home: _____

With regards to hygiene (brushing teeth, washing) my child can/cannot do it unattended. To assist him/her the staff may need to _____

You should be careful about: _____

Has a history of bed wetting, _____

Has been diagnosed as having any learning disability, emotional or behavioral problem Y /N

If yes, please explain (the information will be held in confidence, and used only to help us provide the best possible experience for your child): _____

Parent/Guardian's Signature _____

Date _____



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Camper Name: _____ Session: _____

Parent/ Guardian Agreement and Signature: Please read carefully and sign where indicated below:

If my child attends Camp Howe I agree to:

- Allow my child to participate in all Camp activities including but not limited to athletic games, swimming, hiking, team-building activities, canoeing, special events, outdoor camping, and ropes course activities.
- Send necessary medication (if my child requires medication).
- Notify the camp of any changes in my address or phone during the camp session so that I can be reached in an emergency.
- Authorize social service agencies, schools, clinics, or doctors to release information, which the camp director feels necessary to best plan for my child at camp.
- Read the parent handbook and discuss with my child any policies/ rules therein and support the camp in following these rules.

I also agree:

- That Camp Howe will observe all reasonable precautions in providing for the care and protection of my child. By signing this form, I hereby release and hold harmless Camp Howe, its directors, officers, employees, agents, and representatives from any and all damages, claims, injuries, and liabilities of whatever kind, including but not limited to claims for bodily injury or loss or damage to personal property, which may arise out of my child's attendance at camp and out of his/her participation in any activities while in attendance.

I give my permission for Camp Howe to:

- Have and use photographs, slides, videotapes or other media my child, participating in camp activities, for its records, public relations (i.e., brochures, website, newsletters, and presentations) or promotion of camp. The name of a child will not accompany any camper without prior permission from the parent/ guardian. These photo's may be used by outside agencies, such as the American Camp Association, to illustrate and promote the camp experience, Camp Howe and its camp programs, and/or the American Camp Association. You may refuse permission by crossing out the above sentence.
- Conduct a search of personal belongings if there is reasonable suspicion that the participant has something in his/her possession that is prohibited (eg: drugs, alcohol, weapons)
- Take my camper on out of camp trips (eg: to surrounding state park, local camps for Olympic day etc). You may refuse permission by crossing out the above sentence.

I understand:

- If my child comes to camp without necessary medication in original containers, he/she will be sent home.
- There is inherent risk involved in the outdoor and active Camp program that my child will participate in at Camp Howe.
- Camp Howe has the right to send a camper home who displays a preexisting medical or behavior condition not disclosed prior to the start of camp
- Camp Howe reserves the right to make the determination when or if it may be necessary to have a child withdrawn from the program and to withhold all fees should withdrawal be for purposes of maintaining the welfare or safety of the child or other program participants.
- If the Camp determines that my child needs to be returned home for any reason, I agree to provide transportation as soon as it is needed.
- I will be available for the duration of my child's stay at camp in case there is an emergency for which I need to be reached.

For Parents of Teen Campers:

The Teen program at Camp Howe is designed to promote growth and social responsibility in a group. Teen campers will have the opportunity to partake in adventure sports on site – archery, low and high ropes course and the climbing wall. In addition to this, we take the teens on day trips off site to partake in Skeet Shooting, overnight camping, tubing and rock climbing at least once during their stay here. Only campers that demonstrate a respect for safety and following rules and instructions will be able to partake due to the nature of the activities.

- **I give permission for my teen camper to partake in these activities.**

Parent/Guardian Signature: _____ Date: _____



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CAMPER RELEASE FORM

Camper's Name _____
Last First

Registered Sessions: _____

Camper lives with (circle one): Mother _____ Father _____ Other (specify) _____

1st Parent's or Guardian's Name _____

Home Phone _____ Business Phone _____

2nd Parents/Guardian Name _____

Home Phone _____ Business Phone _____

I authorize the following people to drop off or pick up my camper. Should the camper need to leave camp when I am on vacation or otherwise unavailable, these persons are authorized and instructed to pick up this camper.

In case of a request for the release of your child to a person not listed, your child will remain at camp until we hear from you or one designated below gives us permission to release your child.

Please notify us immediately if there are any changes in the list at any time during the camp session. *You can make changes at any time by contacting the camp office.*

Be sure to include or add names of carpool drivers if a day camper.

<u>Name</u>	<u>Relationship to Camper</u>	<u>Day Phone</u>	<u>Evening Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent or Guardian's Signature _____ Date _____



Health History and Examination Form for Children, Youth, and Adults

Part 1: Health History: To be completed by Guardian/Staff Member

Directions: Complete Part 1-Health History no more than 3 months before the start of camp. MA State Law requires ALL campers and staff to have a current Health Form on file before they can participate at camp. Part 2: Physical Examination is to be completed by Doctor. **DO NOT MAIL-BRING TO CAMP ON FIRST DAY** Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care.

Camper Information

Name of Camper _____
Street Address _____ City _____ State _____ Zip _____
Day Phone with Area Code _____ Night Phone with Area Code _____
Age _____ Date of Birth _____ Gender M/F _____ Cell Phone: _____

Guardian Information

Name 1st Guardian _____ Day Phone/Area Code _____ Night Phone /Area Code _____
Street Address _____ City _____ State _____ Zip _____
Name 2nd Guardian _____ Day Phone/Area Code _____ Night Phone /Area Code _____
Street Address _____ City _____ State _____ Zip _____

Emergency Contact (Someone other than Parents in case parents cannot be reached)

Name _____ Relationship to Camper _____
Day Phone with Area Code _____ Night Phone with Area Code _____

Operations or serious injuries (dates) _____
Chronic or recurring illness or condition requiring medical treatment _____
Dietary restrictions _____
Current medications (send with instructions) _____
Other diseases _____
Please describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or consideration while at camp _____

Current Doctor _____ Phone with Area Code _____

Current Dentist/
Orthodontist _____ Phone with Area Code _____

Health History (Check all applicable giving approximate dates)

Health Problems/Diseases (Please provide Dates)

Heart Disease/ Defect _____
 Convulsions _____
 Bed Wetting _____
 Measles _____
 Asthma _____
 Ear Infection _____
 Bleeding/Clotting Disorder _____
 Chicken Pox _____
 Diabetes _____
 Mumps _____
 Measles _____
 Rheumatic Fever _____
 Kidney Trouble _____
 German Measles _____

Allergies

Hay Fever _____
 Poison Ivy, etc. _____
 Other Drugs _____
 Foods _____
 Insect Bites/ Stings _____
 Asthma _____
 Penicillin _____
 Other _____

Insurance Information Do you carry family medical/hospital insurance? yes no

Insurance Carrier: _____ Policy Holder: _____ Insurance No. _____

Guardian Authorization (Required for persons 18 years of age and under) The person herein described has permission to engage in all Camp activities, many of which are conducted in an outdoor environment, except as noted by the examining physician and me. I hereby give permission to the medical personnel selected by the camp director to provide routine health care; administer certain over-the-counter medications when necessary and prescription medication; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director/staff to secure and administer treatment, including hospitalization, for the camper named above. I will make sure she/he will not attend if not feeling well or exposed to a communicable disease. On camp arrival day, the camp medical personnel have the right to refuse to admit a person to the camp who does not meet the acceptable health conditions e.g. temperature, contagious disease, etc. She/he has had no serious illness or operation since this doctor's examination. This completed form may be photocopied for trips out of camp.

Signature _____

Date Signed: _____

Part 2: Physical Examination: To be completed by Doctor

Directions: Fill out Part 2 – The Health Exam (within 24 months for of the last day of the camper’s session) if the patient has had a physical exam within the time period noted above, a new physical is not required. Just fill out the back of the form using that information or attach a copy of the last physical. **DO NOT MAIL –RETURN TO THE PATIENT** for hand delivery on the first day of camp.- We cannot be responsible for Health Forms that are mailed.

Immunization History (Check all applicable giving approximate dates) – *An immunization record can be attached*

Immunizations	Date	Booster	Immunizations	Date	Booster	Immunizations	Date	Booster
Measles, Mumps and Rubella (MMR) Vaccine:	1		Diphtheria and Tetanus Toxoids and Pertussis Vaccine: DTaP/DTP/DT	1		Measles	1	
	2			2			2	
				3				
				4				
inactivated polio vaccine (IPV)	1		Td	1		Mumps	1	
	2			2				
	3			3				
oral polio vaccine (OPV) or Infectable Polio (Salk)	1		Hepatitis B:	1		Rubella	1	
	2			2				
	3			3				
mixed (IVP/OPV) schedule	1		Haemophilus influenza b (HIB)			Other (most recent)		
	2							
	3							
	4							

For Females

Has this person menstruated? _____ If not, has she been told about it? _____

If so, is the menstrual history normal? _____ Special Considerations: _____

Health Care Recommendations by Licensed Physician

In my opinion, the above's condition does does not preclude his/her participation in an active camp program.

Height _____ Weight _____ Blood Pressure _____

Is the individual under the care of a physician for any condition or impairment which may affect the individual’s activities while attending the camp? *Please explain* (include treatment and current medications) _____

Does applicant have epilepsy? Yes no Does applicant have diabetes? yes no

Recommendations and Restrictions While at Camp

Please list any camp activities from which the individual should be exempted for health reasons _____

Any treatment to be continued at camp _____

Any medication to be administered at camp (please complete medication administration form for each) _____

Please describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or consideration while at camp _____

Medical Information pertinent to routine care and emergencies. _____

I have examined the person herein described and have reviewed her/his health history within the last 24 months. It is my opinion that she/he is physically able to engage in any camp activity except as noted above.

Examining Physician (Please Print): _____ Date Physical Performed: _____

Physician’s Signature: _____ Date Signed: _____

Address: _____

Phone Number with Area Code: _____

Date of Form Completion _____ *by _____

*Initial if completed by nurse or physician's assistant.



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**AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION TO CAMPER
(TO BE COMPLETED BY PARENT/GUARDIAN)**

Name of camper _____ Date of attendance _____

Please check off which non-prescription medications you give permission to be administered by the Health Care Manager to the above named camper on an as needed basis. All over the counter medications for campers shall be kept in the original containers containing the original labels, which shall include directions for use.

We stock the following medications so you do not need to bring them with you!

- Acetaminophen(Tylenol):** To relieve headaches, minor aches, fever, menstrual cramps. Contains no aspirin.
- Ibuprofen(Motrin/Advil):** To relieve headaches, tooth aches, minor aches, fever, menstrual cramps. Contains no aspirin. *Caution: people with a severe allergic reaction to aspirin must not take ibuprofen.
- Dyphenhydramine(Benadryl):** Contains antihistamine for temporary relief of sneezing, runny nose, itchy eyes and throat due to allergy and colds and/or pain & swelling due to insect bites.
- Cough Drops:** Quiets cough.
- Liquid antacid (Mylanta/Maalox):** Provides temporary relief of acid indigestion and/or nausea.
- Sunscreen/insect repellent:** (may be applied by counselors)
- Topical ointments(Bacitracin, Calamine, Hydrocortisone, burn gel containing aloe/lidocaine):** To protect against infection or relieve itching/pain from insect bites, rashes or superficial burns.

I understand that for any prescribed medications, or over-the-counter medication not listed above, to be administered by the camp staff, an authorization form from the camper's own doctor will need to be completed. This form was included in the confirmation packet and can be duplicated if required. Each prescribed medication will need an individual authorization.

I further understand, that all medications, both prescribed and over the counter, are required to be in the original container. This requirement covers vitamins and homeopathic remedies.

Parent/Guardian Signature _____ Date: _____

DATE OF ADMINISTRATION

TIME

ADMINISTRATOR'S SIGNATURE

Please review the following closely. Failure to meet these requirements will prevent your child from enjoying their session at camp. Unfortunately, there are no exceptions.

Camp Howe is licensed by the Department of Public Health and accredited by the American Camp Association. Both organizations provide guidelines and requirements regarding immunizations and health screening requirements for campers and staff. Please review this information carefully as NO camper will be accepted into camp unless they meet the following requirements and have complete documentation of this fulfillment.

Immunization Requirements For Campers and Staff under 18 Years Old:

(1) Measles, Mumps and Rubella (MMR) Vaccine: A minimum of one dose of MMR vaccine(s) must be administered at or after 12 months of age. A second dose of live measles containing vaccine given at least four weeks after the first, is required for all campers and staff, who will be entering grades K-12 or college in the school year immediately following the camp session (or in case of an ungraded classroom or the camper/staff does not attend school/college, campers or staff five years of age or older). Laboratory evidence of immunity is acceptable.

(2) Polio Vaccine: A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mixed (IPV/OPV) schedule was used, four doses are required;

(3) Diphtheria and Tetanus Toxoids and Pertussis Vaccine: A minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. Where a camper or staff person is seven or more years of age and requires additional immunizations to satisfy 105 CMR 430.152(A)(3), Td is to be substituted for DTaP, DTP or DT vaccine. Effective January 1, 2004, a booster dose of Td is required for all campers and staff who will be entering grades seven through ten (or in the case of an ungraded classroom or the camper or staff does not attend school, campers or staff 12 through 15 years of age) if it has been more than five years since the last dose of DTaP/DTP/DT. For all campers and staff who will be entering grades 11 and 12 (or in the case of an ungraded classroom or the camper or staff does not attend school, campers or staff 16 through 17 years of age) a booster of Td is required if it has been more than ten years since the last dose of DTaP/DTP/DT/Td.

(4) Hepatitis B: For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required. Laboratory evidence of immunity is acceptable.

Physical Examination

A report of a physical examination conducted during the preceding *24 months* of the campers' last day in attendance at camp.

Health History

Each camper will have a completed health history completed within the last *3 months* of their first day at camp.

Religious Exceptions.

If a camper or staff member has religious objections to physical examinations or immunizations, the camper or staff member shall submit a written statement, signed by a parent or legal guardian of the camper, to the effect that the individual is in good health and stating the reason for such objections.

Medication

All prescription medication **MUST** be in the original bottle.

Any medication not listed on the Over the Counter permission to administer sheet will need to have a "Permission to Administer Medication" completed. This includes such things as vitamins and other commonly taken supplements. Failure to have this form completed will result in the medication not being able to be given.

If you have any questions, please contact the Executive Director at 413-268-7635 prior to the commencement of your child's session at camp.



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AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICATION TO A CAMPER
(To be completed by Doctor – One form per each medication)

Name of Child: _____ Date of Birth ____/____/____

Street Address: _____

City/Town Address: _____ State: _____ Zip: _____

Food/Drug Allergies: _____

Information on Prescribed Medication

Name of Medication: _____

Condition who which medication is being given for: _____

Route of Administration: _____

Dose given at camp: _____

Frequency: _____ Quantity Received: _____

Date Ordered: _____ Duration of Order: _____

Expiration date of Medications Received _____

Is this a controlled Medication: _____

Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions _____

Possible Side Effects/Adverse Reactions and Management: _____

Physician or Dentist's Name _____

Street Address: _____ City/Town _____ State _____

Phone No. _____

Physician or Dentist's Signature _____

Date: _____

AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICATION TO A CAMPER
(To be completed by Parent/ Guardian)

I hereby request that the medication ordered by the physician/dentist for my child _____
_____, be administered in accordance with 105 CMR 430.160.

I understand that I must supply the Camp Howe with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist.

I understand that this medication will be destroyed if it is not picked up within one (1) week following termination of the order.

Print Name of Parent/Guardian _____

Signature _____

Relationship to child _____

Street Address _____

City/Town _____ State _____ Phone Number with Area Code _____

105 CMR 430.160(~

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include (he directions for use.

105 CMR 430.160(C1

Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under (lie professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.*

105 CMR 430. 160(~

When no longer needed, medications shall be returned to a parent of guardian whenever possible. If the medication cannot be returned, if shall be destroyed.

*Health Supervisor — A person who is at least 18 years of age, specially trained and certified in at least current **American Red Cross First Aid (or its equivalent) and CPR, has been trained** in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.



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Parents / Guardians

Please fill out the following sections below:

Camper's Name _____

Cabin Number _____

Counselor _____

I do not wish to deposit money into an account for my child.

At the Camp Store

Enter Amount Here >>

Please indicate the amount of money you wish to leave at the Camp Store for your child. Any unused balance will be refunded at the end of the session.

Group Picture at \$8.00

YES

NO

Enter Amount Here >>

A cabin picture is taken at the beginning of each session. Indicate above if you want to order a picture for your child. If YES, the cost is \$8.00

Enter Total Amount Here.>>>>>

At the end of session I would like to donate any balance in this account to the Camp Howe Campership Fund YES NO

Parent/Guardian's Signature _____ Date _____