



# WHEATLAND RECREATION REGISTRATION FORM

**Forms MUST be fully completed including signature and submitted with payment before program start.**

Completed forms can be mailed to: **Town of Wheatland, P.O. Box 15, Scottsville, NY 14546**

All Fees are due with registration, make checks payable to: **Town of Wheatland**

Additional Registration Forms are available at: <http://www.townofwheatland.org>

Questions? Call (585) 889-1553, ext. 103 or send an email to: [recreation@townofwheatland.org](mailto:recreation@townofwheatland.org)

Program Selection	Registration Fee
<b>Summer Day Camp</b>	
<input type="checkbox"/> Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Week 5	
<b>Total Amount Due with Registration</b>	

Participant Information			
<b>Participant Name (one per form):</b>			
<b>Parent/Guardian Name (if under 18):</b>			
<b>Home Address:</b>			
<b>Email Address:</b>			
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Male:</b>	<b>Female:</b>	<b>Grade (entering):</b>	<b>Age:</b>

The Wheatland Recreation Department reserves the right to modify or change programs and fees as necessary. Participation by any person in a Recreation Program may be terminated at any time by the department at its discretion.

**Waiver for Participation:** I, for myself, or as the parent/guardian of the person on this registration form who is enrolling in a Town of Wheatland Recreation Program, give my approval to participate in activities related to this program(s). I acknowledge and fully understand that there is risk inherent in all recreation programs or activities. I further hereby release, indemnify and hold harmless the Town of Wheatland and it's recreation department employees, officials, commission, and any member of the same, as well as the instructors and counselors conducting, taking part or designated to transport my child to or from a program/event. In the case of injury to myself or child, I hereby waive all claims against the above mentioned person or entity. I give permission for emergency medical staff, a licensed physician or hospital staff to administer emergency medical care deemed necessary for the person registered for the above program(s) and/or event if parental/guardian permission is unavailable. I also grant full permission to the Town to use my name, photograph, videotape or recording for any publicity promotion purposes without obligation or liability.

**Fee Refund Policy:** All refund requests must be submitted to the Recreation Department. If a program is canceled, the pro-rated amount will be refunded. Within one week of a program's start date, or after a program has begun, only medical refunds will be granted (**including a \$5 processing fee per person/per program**). A doctor's written statement must accompany any medical refund request. A medical refund will be prorated based on the date of your notification to the Recreation Department. Absolutely no refunds will be granted after a program ends. The Recreation Department makes every effort to make up missed program sessions due to circumstances beyond our control, but in some cases this may not be possible.

**Signature:**

**Office Use Only:** Date:

Paid By: ☐ Cash    ☐ Check, #

☐ Credit Card

# Town of Wheatland Recreation

## Summer Camp Details

Town of Wheatland Recreation Coordinator

Shanna Fraser

[recreation@townofwheatland.org](mailto:recreation@townofwheatland.org)

Cell Phone: (585) 747-0289

Office: (585) 889-1553 x103

Wheatland Recreation Summer Camp offers a range of activities and experiences as well as a social interaction. At camp the kids stay active in a safe setting as our program is certified with the Monroe County Health Department. We have CPR & First Aid certified counselors and will maintain a staff ratio of approximately 1:7 due to the new COVID-19 guideline. The kids will be in groups of 10-15 with 2 counselors for the entire week. The interaction between groups will be minimal and social distancing will be practiced whenever possible. We are excited to be able to offer this opportunity this summer for games, crafts, athletics, socialization, new friendships and much more fun!

Please note that due to COVID –19 the NYS DOH regulations and procedures will take precedent over our regular rules and procedures and all are subject to change.

Our program is in session Monday –Friday, for five weeks. This year we are offering five sessions – one week each. Camp runs from July 6, 2020 –August 7, 2020 from 9am-1pm. Advance registration is required. The registration fee and all necessary documents are due the Wednesday PRIOR to the session start date. If you are registering for multiple sessions, you only need to complete the registration documents once. Registration fees can be paid in cash, check (make payable to “Town of Wheatland”) or credit card. The registration fee is \$90 per child per session.

Session 1: 7/6-7/10

Session 2: 7/13-7/17

Session 3: 7/20-7/24

Session 4: 7/27-7/31

Session 5: 8/3-8/7

Camp remains open rain or shine. If there is inclement weather we will keep the campers inside. We have strict guidelines to follow for the safety of your children, our staff and our community.

### **2020 Registration and Refund Information due to COVID-19**

Registration is for Town of Wheatland residents and for those in the Wheatland Chili Central School District on a first come first serve basis. Registration will open on Monday, June 29<sup>th</sup> at 6pm at the Town of Wheatland Municipal Building in the Senior Center. Registrations will be processed from 6-8pm on 6/29. IF there is still space available in the program, non-residents

may register beginning Thursday, July 2 at 10 am in the Town of Wheatland Municipal Building. Once you are registered, it is expected that you and your child(ren) are with the program for its entirety in order for us to limit exposure of participants. For this reason, refunds will NOT be granted once the program begins for any reason (including change of plans, sickness, discipline, etc)

### **Facility**

This year, in order to follow the NYSDOH Summer Camp guidelines for social distancing we will be having camp at the Wheatland-Chili MS/HS at 940 North Rd. Scottsville. We are very grateful that the District recognized how important this program is for our children and our community. We have reserved 5 classrooms, the gym and cafeteria to help us keep our groups socially distant. This facility also has ample outdoor space. We will be spending most of the day outside, as weather permits, so that we do not interrupt the construction that is occurring in the building. There are new boilers being installed, new equipment in the pool, as well as new flooring in some classrooms – just to name a few of projects. Some asbestos abatement will be required with these projects. I have been working with the Facilities Director, Construction Manager and Monroe County Department of Health to make sure we are following the proper procedures and OSHA guidelines to keep everyone healthy and safe. The construction company will build a temporary hard wall at the end of the senior hallway, which will be sealed off, and air monitoring will occur while this work is happening. This will keep the kids, Rec staff and school staff safe through out the construction project. If you have any questions please reference these materials <https://www.osha.gov/SLTC/asbestos/index.html> and/or contact me.

### **Grade Groups**

Camp is open to children who are entering kindergarten through 9<sup>th</sup> grade. Our program is split into four grade appropriate groups: youth entering grades K-1, 2-3, 4-6 and 7-9.

### **Health and Immunization Records & Medications**

Your child's immunization records and a participant medical information form are required for registration. Our Health Director will review all health information for each child attending camp. If your child needs medication during camp hours, it is to be self-administered with supervision from the Site Director. All medications should be given to the site Director in a Ziploc bag. It should be clearly labeled with a doctor's note and specific instructions for administering. The medication should stay at camp during the weeks your child is attending and cannot go to and from daily. All medications will be locked in a medical kit. Please specify all details on your child's medical information upon arrival at camp. No exceptions!

### **Sign In/Sign Out**

Children must be signed in and out each day. Children may not be picked up by anyone other than the authorized pickups listed on their form. If someone other than those listed on your form are picking up your child please let the Camp Director know by calling 747-0289. Our staff will be checking parent/guardian identifications when picking up your child. Please have your ID ready to show our staff. Anyone picking up children are required to wear a face mask.

**Lunches and Snacks**

Campers must bring their own food. Lunches must be labeled with the child's name and stored in a thermal bag with a cold pack we will not have access to a refrigerator. Please also bring a water bottle labeled with the child's name. This summer the Wheatland Chili CDS will be offering a summer lunch program. Campers are able to receive a free lunch on Mondays, Wednesdays and Fridays.

**Clothing**

Campers should wear sneakers every day. Sandals, flip flops, and street shoes are not recommended. Please wear clothing that is comfortable to be active in. We will be outside so dress appropriately for the weather.

**Camp Shirt**

Each camper should bring a pre-washed, white cotton t-shirt and a gallon size zip lock bag that the shirt can fit into. Please put your child's name on the bag. Please bring your shirt on the first day of camp.

**Conduct**

Each camper is expected to adhere to the code of conduct in this registration packet.

**Field Trips**

We will not be attending any field trips this year.

**Illness& Absences**

Please do not bring your child to camp if they are ill or have a fever. If your child becomes ill during the day, the Camp Director will call you to make arrangements to pick up your child as soon as possible. In addition, if you know your child will be absent, please call or email the Camp Director.

**Visitors**

Due to the COVID-19 guidelines, no visitors related to any camper will be permitted on the premises during camp hours.

**Lost & Found**

We will have a lost and found box and each year we have many items left behind at the end of the year. Please label all of your child's items.

**Cell Phone/Electronics**

Camp is generally a cell phone and electronic free zone. If cell phones come to camp they must remain in your child's backpack. The Town of Wheatland and the Wheatland Chili Central School District are not responsible for the loss or damage of any personal item. If a camper is continually reminded to put their cell phone away, staff may take the phone until the end of the day. There may be some electronic allowances in 2020 due to COVID-19.

**Behavior Management Plan**

The Recreation staff will use positive methods of child behavior management, which will encourage self-control, self-direction, self-esteem and cooperation. Our Staff understand that each child is an individual, and we will make every effort to handle the needs of each child. We believe that rules, expectations, and limits should be applied consistently and explained in a clear and age-appropriate manner.

Children in the program are entitled to a safe and secure environment. This means that no child may jeopardize the well-being of his/herself or any other child or staff, in the program. All participants will be introduced to the program rules and reminded of them when necessary. Positive behavior will be encouraged. Part of our efforts will be to help children identify inappropriate behavior and learn how to redirect their actions in a positive way. Staff will use time outs for behavior issues. If behavior issues are continuous with a child, parents will be notified to discuss the situation. If negative behavior continues and becomes disruptive to the program as a whole, we reserve the right to remove the child from the program either temporarily or permanently depending on the severity of the situation. Parents will be kept informed of issues as they arise and may be asked to follow through at home in special situations. Communication between the Director and parents concerning any changes in the child's routines will enable us to work as partners to provide the best care for your child. The Summer Camp Program Discipline Management Policy is designed to assist the Summer Camp staff in creating an atmosphere that is safe and fun for all participants. The Wheatland Recreation Department reserves the right to remove an unruly or disruptive participant from the program as well as limit participation as deemed necessary. Each situation will be handled on an individualized basis. Excessive negative behaviors may result in one or all of the following consequences:

1. Parent conference with Summer Camp Director and/or Counselors.
2. Loss of privileges (e.g. participation in favorite activity, special event)
3. Suspension from the program (length TBD by the Camp Director)
4. Immediate pick-up by parent
5. Immediate termination from Summer Camp

**GROUND'S FOR IMMEDIATE DISMISSAL FROM PROGRAM:**

1. Physical violence is not tolerated in this program. Any child whose behavior endangers the safety of themselves or others will be immediately removed from the program.
2. Any child who runs away from the staff will be removed from the program for the remainder of the program. In an extreme case, if staff cannot convince a child to return, the police may be called to assist. Staff are not permitted to leave the site.
3. Any child who abuses staff physically or verbally will be removed.

4. Any action staff deems unsafe to other children, staff, or the program itself may result in removal from the program.

It is expected that all children, staff, and parents respect each other and the summer camp facility. We need to work together to ensure everyone is safe.

### **Parents Code of Conduct**

Parents are expected to follow the program rules and encourage their children to follow the program rules. Parents are expected to treat the staff with respect. All program and/or staff issues, comments or concerns should be directed to the Summer Camp Director, Shanna Fraser. A child whose parents(s) verbally abuse staff will be removed from the program. This includes bullying, yelling, screaming and/or negative comments directed at staff and/or other parents. The police will be called to remove any parent who appears out of control. It is expected that all children, staff, and parents respect each other. If you have any questions regarding summer camp, please feel free to call Shanna Fraser at 747-0289 or email [recreation@townofwheatland.org](mailto:recreation@townofwheatland.org)

### **Please review the following information regarding COVID-19 guidelines and policies:**

The novel coronavirus, Coronavirus/COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). Coronavirus/COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The WHO, The Center for Disease Control (CDC), and additional Federal, New York State and local health agencies recommend social distancing and proper hygiene to prevent the spread of Coronavirus/COVID-19. Contracting Coronavirus/COVID-19 can lead to severe illness, personal injury, permanent disability, and death. The Town of Wheatland Recreation Department and staff undertake every effort to keep our facilities clean and disinfected and have created new protocols and preventative measures to reduce the spread of Coronavirus/COVID-19; however as with any public facility, the Town cannot guarantee that you, adult family members or your minor child(ren) will not be exposed to, or 100% safe from, airborne illnesses such as Coronavirus/COVID-19 or colds and flu while using Town of Wheatland and/or Wheatland Chili Central School District facilities or participating in its programs. Due to the spread of the Covid-19 virus, the Town of Wheatland and Wheatland Chili Central School District will be following the recommendations of the World Health Organization (WHO), the Center for Disease Control (CDC), the Executive Order from New York State's Office of the Governor and the NYS/Monroe County Departments of Health to limit and slow the spread of this virus. These recommendations include: (1) Maintaining a social distance of at least 6 feet; (2) limiting group sizes; (3) limiting contact with people who are sick; (4) covering mouth and nose when sneezing or coughing; (5) cleaning and disinfecting frequently touched objects and surfaces; (6) avoiding

touching others, including shaking hands, fist bumps or hugging; (7) limiting shared use items; (8) frequently washing hands with soap and water; and (9) staff will be wearing face masks, especially when social distancing is not feasible.

Due to these recommendations and our sincere desire to limit and slow the spread of the virus, the following functional requirements for all programs are in effect. By participating you agree to comply with the requirements below and understand and accept the consequences of your participation. All participants acknowledge and agree to the following:

- Maintain a safe social distance of a minimum of six (6) feet from staff, other participants and members of the general public when reasonably possible.
- Perform all personal care including, but not limited to toileting, feeding and changing of clothing without assistance of Recreation staff, volunteers or other participants.
- Self-administer medications needed during programs to include, but not limited to placing medication in mouth, applying medicated patch, utilizing a rescue inhaler or utilizing an Epinephrine injection for anaphylaxis reactions without assistance of Town staff, volunteers or other participants.
- Practice positive hygiene related to handwashing and personal cleanliness including the ability to wash hands with soap and water and dry hands after washing without assistance of Recreation staff, volunteers or other participants.
- Self-Manage behaviors and reactions to a variety of situations that may elicit various emotional responses without the physical intervention of Town staff, volunteers or other participants.
- Understand that some Recreation staff, volunteers or other participants may wear face masks that cover the lower portion of the individual's face.

Functional criteria and eligibility standards will be applied to all Recreation programs until the recommendations related to COVID-19 have been removed or reduced. If a participant is registered for a program and the participant does not have the ability to follow the functional criteria and eligibility standards, the participant will be removed from the program.

### **2020 General COVID-19 Criteria to Know**

- Each camp space will consist of 10-15 campers to limit exposure to other children.
- Camp will be offered for youth entering grades K-1, 2-3,4-6 and 7-9.
- Each camp space will be assigned two counselors who will be overseen by a Camp Director.
- Each camper may be asked to provide a personal supply kit to include items such as pencils, crayons, glue. This list will be emailed.

- There will be no field trips
- There will be no before and after care. Camp hours will be 9am-1pm
- The use of select electronic devices may be permitted at times.
- Staff will wear masks when within 6' of all campers, parents and others they encounter.
- Increased cleansing and sanitizing practices will be implemented.
- Daily health assessment screenings of campers and staff will be administered upon entry each day.
- We have a limited number of spaces available. Town of Wheatland residents and Wheatland Chili CSD residents will have the first opportunity to register on Monday, June 29 from 6-8pm at the Wheatland Municipal Building. IF space is available, non-residents may register beginning Thursday, July 2 at 10am. The completed registration packet, immunization record and registration fee for the first week must be submitted together to reserve your space. Incomplete packets will not be accepted.

### **Attendance related to illness**

The health and well-being of our families and staff are our highest priorities. In the interest of limiting the opportunity for transmission to our vulnerable community, we are taking the following precautionary measures:

If your child is not feeling well, is running a fever, we ask that you communicate this and keep the child home.

Your child must remain out of the program if any member of your household has (or has been in close contact with anyone who has):

- A suspected or confirmed case of COVID-19 (for example –close contact at work, religious service, social gathering) and may return when;
  - At least 14 days have passed since any household member first experienced symptoms:
  - Symptoms have improved for any household member that experienced symptoms (for example, cough or shortness of breath has improved); and
  - The household has been fever-free for at least 72 hours without the use of fever-reducing medicines.

Please note, depending on the circumstances we may require you to obtain medical clearance before return to the program.



**HOUSEHOLD MEMBERS:** include individuals who may not live in the household but may be staying there or are otherwise present in the household on a regular basis (e.g. nannies, caregivers, home health workers, contractors, etc.) and includes anyone with pick up or drop-off privileges at the site.

**CLOSE CONTACT:** is defined by the CDC as (1) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time and can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case, or (2) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). Considerations when assessing close contact include the duration of exposure and the clinical symptoms of the person with COVID-19.

**FOR MEDICAL PROFESSIONALS:** If contact occurs while wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), that contact will NOT be considered close contact for purposes of this policy.

### **Health Check and Screening**

All staff and children must conduct a daily health check before coming to the program. The screening will consist of a no-touch temperature check and questionnaire upon arrival. Should you or any household member have any of the following symptoms, we ask you to remain out that day and notify the Camp Director.

- Fever of 100.4 F or higher, now or in the preceding 72 hours, cough, sore throat, muscle aches, difficulty breathing. The household will be required to remain out of the program for 14 days unless medical clearance is provided by a physician indicating that the presenting symptoms are associated with a known non-COVID-19 illness. The physician's note must not be from a family member. If child becomes sick during camp hours, exclusion from the program is sometimes necessary to reduce the transmission of illness. For your child's comfort, and to reduce the risk of contagion, we ask that children be picked up within 1 hour of notification. Until then, your child will be kept comfortable in an isolation zone and will continue to be observed.

### **Hygiene**

Campers will be required to perform hand hygiene upon arrival at the program. We will have hand sanitizer for use. Campers will be required to wash hands before and after participating in activities. We ask that parents not allow their children to bring unapproved items to camp for sanitation purposes, such as show and tell items. Our regular health and hygiene practices provide some of the best defenses against the spread of most contagious illnesses. In addition to regular and thorough cleaning of rooms, surfaces, supplies and games, we teach children good hand-washing practices and ensure that children and staff take important precautions against the spread of germs.

**You can work with your children to practice some of these same steps at home:**

- Wash your hands frequently with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based (60-95%) hand sanitizer.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Cover your cough or sneeze with a tissue, or cough into your elbow. Immediately place any used tissues in the trash.
- Clean and disinfect frequently touched personal objects and surfaces, such as program equipment, vehicles, counters, computer keyboards, phones, doorknobs and light switches.

**All children, staff, and volunteers should engage in hand hygiene at the following times:**

- Arrival to the facility and after breaks.
- Before and after eating or handling food.
- Before and after administering medication or medical ointment.
- After using the toilet or helping a child use the bathroom.
- After coming in contact with bodily fluid.
- After playing each indoor/outdoor activity.
- After handling garbage.

**Our staff will:**

- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing.
- Wash hands after assisting children with handwashing.

**Cleaning and Disinfecting**

Facilities and equipment will undergo thorough cleaning daily to best mitigate any forms of potential contamination. The following procedures will be followed:

- Staff will also clean routinely during a camp day as needed.
- Staff will follow schedule for ongoing cleaning and sanitizing.
- Staff will routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, desks and chairs.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective.
- Wheatland Chili CSD Facilities Staff will clean the facility daily in addition to ongoing cleanings.
- All cleaning materials will be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
- Toys that cannot be cleaned and sanitized will not be provided at camp.
- Equipment will be disinfected after every use.
- Tables/seats will be assigned but cleaned daily.
- Thermometers will be disinfected after use by one individual.

- Water fountains may not be operational so you must bring your own water bottle.

Pick-up/Drop-off Parents will be required to wear a mask and will not be allowed inside sites for pick-up/drop-off to limit exposure and potential contamination. Parents may be asked to drop-off/pick-up during an approved drop-off/pick-up time. Parents will only be allowed inside the main facility in case of an emergency.

### **COVID-19 Camper Rules**

- Follow 6' social distancing guidelines.
- Hand sanitize prior to entering building and follow guidelines for use during the day.
- Wash hands following staff guidelines, after restroom, before meals and returning from playing.
- No sharing of games or supplies.
- If camper doesn't feel well, let staff know.
- No games, phones or tablets brought from home unless pre-approved.
- Bring own lunch, snacks, towels and bathing suits for water day, sunscreen, insect repellent and drinks.
- No hand shaking, high fives, etc. of any kind.
- Listening to staff is always important, but this summer it is imperative for the safety of yourself and others.
- Follow instructions at drop off on getting temperatures taken.
- Keep up with your water bottle and supplies.
- Sit at assigned areas throughout the day.

## PARENT INFORMATION AND POLICY HANDBOOK FOR SUMMER CAMP 2020

### Acknowledgement

By signing this document, you confirm that you have read over the program information yourself and reviewed its content with your child; and furthermore, understand its contents in its entirety. You and your child(ren) agree to abide by the program and department rules, policies, and regulations.

CHILD's NAME: \_\_\_\_\_

(PRINT)

PARENT/GUARDIAN NAME: \_\_\_\_\_

(PRINT)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



# 2020 Summer Camp Program

## Contact & Permission Form

### ..... Parent and /or Guardian Contact Information .....

**Mother's Name (Print):** \_\_\_\_\_

Circle the best method of contact during camp hours:      Work      Cell

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Father's Name (Print):** \_\_\_\_\_

Circle the best method of contact during camp hours:      Work      Cell

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Guardian's Name (Print):** \_\_\_\_\_

Circle the best method of contact during camp hours:      Work      Cell

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### ..... Emergency Contact Information .....

**Emergency Contact Name (Print):** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Circle the best method of contact during camp hours:      Work      Cell

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### ..... Child Pick Up Authorization .....

The following people are authorized to pick up your child/children from camp:

<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>

### ..... Cycling and Walking Permission .....

I, \_\_\_\_\_, give my child \_\_\_\_\_ permission to walk or ride his/her bicycle to and from Summer Camp each day.

.....  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2020 Summer Camp Program Medical Form

**Participant:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

Check each applicable medical condition below and provide further details in the box provided, including date of diagnosis and current condition management approach if applicable.

√	General Conditions	√	Allergies *	√	Communicable Diseases
	Vision impairment		Hay fever		Chicken pox
	Hearing impairment		Poison ivy / poison oak, etc.		Measles
	Frequent ear infections		Penicillin		Shingles
	Heart defect / disease		Insect stings		German measles
	Diabetes				Mumps
	Convulsions / seizures		For any checked items, please provide further details here:		
	Asthma				
	High blood pressure				
	Lung disease				
	Bleeding / clotting disorder				
	Kidney disease				
	Cancer				

Answer each of the following items (attach additional pages as needed):

* Is the participant allergic to any food, medications or drugs other than those shown above?	
List all medications the participant is currently taking.	
Is the participant on any special diet, if so please explain.	
Should the participant be restricted in recreation of swimming activities, if so please explain.	
Has the participant been under any medical care within the past six months, if so, please explain.	
Is the participant's mental and emotional growth normal for the participant's age?	
Anything else that program staff should know about the participant?	

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# 2020 Summer Camp Program Immunization Form

Camp Participant: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**A copy of your child's immunization record or a letter is required for registration. If your child is not immunized, please attach a letter stating that your child is not immunized. We must maintain immunization records for each participant. If you would like to have your doctor send it via fax, our fax number is 889-2933. Please attach the record or letter to this form.**

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please notify Recreation Department staff if your child is exposed to any communicable disease during the 3 weeks prior to the start of Camp and/or during camp**

## **Camp Permission Slip & Consent for Medical treatment (Parent / Guardian)**

This health history is correct as far as I know. I give permission for the above named Camp Participant to partake in all prescribed camp activities (except as specifically noted). I also give permission for the above named Camp Participant to be given first aid in the case of emergency while he/she is in attendance at the **Wheatland Recreation Summer Fun Camp**. This includes permission for the child to be taken to the Emergency Department of a local hospital, if the injury is serious enough to require medical attention. I understand that I will be notified as soon as possible of any medical emergency. I hereby waive and release the **Town of Wheatland, the organizers and program staff** of any liabilities or claims in association with anything that might occur while my child is attending Summer Fun Camp.

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



# 2020 Summer Camp Program Sunscreen Form

## **New York State Law:**

Each children's overnight camp, summer day camp and travelling summer day camp shall allow children attending such camp to carry and use topical sunscreen products approved by the federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness, with the written permission of the parent or guardian of the child. A record of such permission shall be maintained by the camp. A child who is unable to physically apply sunscreen may be assisted by unlicensed personnel when directed to do so by the child, if permitted by a parent or guardian and authorized by the camp.

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Please fill out one of the statements below.

## **Statement A:**

(Enter Child's name) \_\_\_\_\_ has my permission to carry and use topical sunscreen products approved by the Federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness.

Parent / Guardian Name (Print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **OR Statement B:**

(Enter Child's name) \_\_\_\_\_ needs assistance in applying topical sunscreen products approved by the Federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness, therefore I give program staff permission to apply sunscreen.

Parent / Guardian Name (Print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# 2020 Summer Camp Program

## Tick and Insect Repellent Form

### **New York State Law:**

Each children's overnight camp, summer day camp and travelling summer day camp shall allow children attending such camp to carry and use tick and insect repellent products for the purpose of avoiding tick and insect bites and not for medical treatment of an injury or illness, with the written permission of the parent or guardian of the child. A record of such permission shall be maintained by the camp. A child who is unable to physically apply tick and insect repellent may be assisted by unlicensed personnel when directed to do so by the child, if permitted by a parent or guardian and authorized by the camp.

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Please fill out one of the statements below.

### **Statement A:**

(Enter Child's name) \_\_\_\_\_ has my permission to carry and use tick and insect repellent products for the purpose of avoiding tick and insect bites and not for medical treatment of an injury or illness.

Parent / Guardian Name (Print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **OR Statement B:**

(Enter Child's name) \_\_\_\_\_ needs assistance in applying tick and insect repellent products for the purpose of avoiding tick and insect bites and not for medical treatment of an injury or illness, therefore I give program staff permission to apply sunscreen.

Parent / Guardian Name (Print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_