



## 2024 Information and Forms for Parents and Guardians

Welcome to Camp Northwoods! We are looking forward to welcoming your camper(s) to Skidmore this summer! This packet of information will help you and your child(ren) prepare for the first day of camp and has essential required **forms that must be completed and returned by June 7, 2024.**

### **CONTACT INFORMATION (after Camp has started July 1)**

**Phone:** (518) 580-8116 (Falstaff's Pavilion)

**Email:** [campnorthwoods@skidmore.edu](mailto:campnorthwoods@skidmore.edu)

### **Office of Special Programs**

Christine Merrill, Senior Program Coordinator

**Phone:** (518) 580-5593

**Email:** [campnorthwoods@skidmore.edu](mailto:campnorthwoods@skidmore.edu)

### **Absence and Late Arrival**

In the event your child will be absent from camp or late to arrive, please call Camp Northwoods 518-580-8116 or 518-580-5593 (by 8:45 am would be helpful).

Camp Northwoods is based in Falstaff's Pavilion and the Wilson Chapel on the Skidmore College campus, 815 North Broadway, Saratoga Springs, NY 12866

**Director, Peter Carner**

**Assistant Director, Casey Renner**

**Health Director, Madelyn Egan Symons**

## **CAMP NORTHWOODS SESSIONS, HOURS AND DAILY SCHEDULE**

Session 1: July 1 – July 12 (no camp Thursday, July 4; Yellow Pine not in session)

Session 2: July 15 – 26

Session 3: July 29 – August 9

Session 4: August 12 – 16 (one week only)

### **Cabins**

Evergreens: first and second grades; counselor:camper ratio 1:8

Redwoods: third and fourth grades; counselor:camper ratio 1:8

Blue Spruces: fifth and sixth grades; counselor:camper ratio 1:10

Yellow Pines: seventh and eighth grades; counselor:camper ratio 1:7

### **Camp Hours**

Monday–Friday, 8:30 am – 5 pm

Campers should be dropped off between 8:30 and 9 am and picked up before 5 pm.

### **Sample Daily Schedule (*subject to change*)**

8:30–9 am: Drop-off and Check-in at Falstaff's Parking Lot

9 am: All Camp Meeting

9:15–11:45 am: Swim Instruction and Programming

Noon: Lunch

12:30 – 1 pm: Free Time

1 – 4 pm: Programming

4 – 5 pm: Free Time and Parent Pick-up at Falstaff's Parking Lot

Age-appropriate programming may include: art, crafts, music, dance, nature, recreation, journaling, creative writing, special events, and S.T.E.M. (science, technology, engineering and math)

### **Drop Off and Pick Up**

Parents should follow directions to the Falstaff's Parking Lot on the Skidmore College campus (see below).

Camp Directors and Staff will be there daily to meet you for signing in and checking out your child(ren).

[Drivers](#) should enter the campus via the North Broadway entrance, take their first right, and follow the perimeter road to the Falstaff Parking Lot, which is the first parking lot on the right, across from North Hall.

The camp day ends at 5 pm. There will be a fee for picking up your camper after 5:15 pm: \$5 for the first 15 minutes; \$5 for every 5 minutes after 5:30 pm. Payment is expected at the time of pick-up.

## **WHAT TO BRING TO CAMP**

Please review this list to be sure you are ready for camp. To foster independence and responsibility, you may want to delegate this task to your camper. Drawings or pictures can aid the younger campers in reading the list.

- Sneakers (no open-toed shoes, please)
- Backpack for carrying personal belongings
- Swimsuit and Towel
- Water bottle or canteen (straps for carrying are great!)
- Lunch packed in an insulated bag/cooler with cold pack (if necessary)
- Snacks – daily for your camper if they have dietary needs OR one for your camper's cabin on the first or second day of the camp session – *see below*
- Sunscreen (must be kept in original container, labeled with camper's name)

- Mosquito repellent or bug spray (must be kept in original container, labeled with camper's name)

Optional items:

- Rain gear
- Old t-shirt or smock for art projects
- Emergency change of clothes
- Prescribed medication and over the counter medication WITH Permission Form. Prescription medication must be kept in original container bearing the pharmacy label, which shows the date filled, the prescribing practitioner, the name of the medication, directions for use, any cautionary statements contained in such prescription (or as required by law), and the number of tablets or capsules in the container. Non-prescription (over the counter) medication must also be in original container. All medications must be accompanied by Parent/Guardian Medication Permission during Camp Form.
- Facemask

### Healthy Snacks

Campers are required to provide one healthy snack for their unit of campers for each session. There are 28 campers in Evergreens and Redwoods, 24 campers in Blue Spruce, and 14 for Yellow Pine. Snacks that keep well are to be labeled with each child's name and delivered during the first 2 days of each session. Camp Northwoods strives to be a **NUT FREE ZONE**. If your child has more specific dietary needs or allergies, you will need to provide snacks for them daily. Suggestions for healthy snacks to send with your camper include:

Granola Bars

Pretzels

Cheese and crackers

Raisins or other dried fruit

Milk

Popcorn

Small muffins

Fresh fruits or vegetables

Fruit Chews/Fruit Roll-ups

Fruit juice

Snack Crackers

Fruit or yogurt popsicles

### HEALTH AND SAFETY AT CAMP

Camp Northwoods will follow health and safety regulations put forth by the New York State Department of Health, the American Camp Association, and Saratoga County Public Health. Essential updates will be communicated to registered campers via e-mail.

### Required Health History and other Forms

Please complete the following Camper Health History and other Permission Forms and **mail them by June 7, 2024 to:**

**Christine Merrill**

**Office of Special Programs**

**Skidmore College**

**815 North Broadway**

**Saratoga Springs, NY 12866**

**Campers with incomplete forms will not be allowed to attend Camp.**

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american **CAMP** association®

Mail this form to the address below by June 7, 2024.

Christine Merrill  
Office of Special Programs, Skidmore College  
815 North Broadway  
Saratoga Springs, NY 12866

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 Name  
First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

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

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

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

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

Second parent/guardian or other emergency contact:

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

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: \_\_\_\_\_ Relationship 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 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

**Immunization History:** Provide the month and year for each immunization. Starred (\*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

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* (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: _____	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
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If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

- Medication:**
- This camper will not take any daily medications while attending camp.
  - This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

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.



# SKIDMORE

C O L L E G E

## Camp Northwoods Medication Permission during Camp Request Form

If your child requires prescription or non-prescription (over the counter) medication during camp hours you must complete this form and have it signed by a licensed physician.

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age while attending camp: \_\_\_\_\_

I/We, the undersigned, being the parent(s) of custody or legal guardian(s) of the above-named minor hereby give permission for the child to receive the following medication as directed:

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

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

Please bring the medication in the original container, with pharmacy/package label and this completed form to the Camp Director on the first day of camp.

**THIS SECTION TO BE COMPLETED BY A HEALTH CARE PROVIDER:**

*Additional medications may be indicated on reverse.*

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

Dosage: \_\_\_\_\_

Specific time(s) to be given: \_\_\_\_\_

Length of time: \_\_\_\_\_

Camper is allowed to self-carry & administer the medication: \_\_\_\_ YES \_\_\_\_ NO

\_\_\_\_\_  
Printed name of Provider

\_\_\_\_\_  
Signature of Provider





**THIS SECTION TO BE COMPLETED BY A HEALTH CARE PROVIDER:**

Name of medication #2: \_\_\_\_\_

Dosage: \_\_\_\_\_

Specific time(s) to be given: \_\_\_\_\_

Length of time: \_\_\_\_\_

Camper is allowed to self-carry & administer the medication: \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
**Printed name of Provider**

\_\_\_\_\_  
**Signature of Provider**

**THIS SECTION TO BE COMPLETED BY A HEALTH CARE PROVIDER:**

Name of medication #3 \_\_\_\_\_

Dosage: \_\_\_\_\_

Specific time(s) to be given: \_\_\_\_\_

Length of time: \_\_\_\_\_

Camper is allowed to self-carry & administer the medication: \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
**Printed name of Provider**

\_\_\_\_\_  
**Signature of Provider**

Please attach a small photo  
(school picture) of your child  
HERE to be used by **the staff**  
**only.**

## Camp Northwoods Parent/Guardian Permission Forms

Campers Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age while attending camp: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian # 1 Name: \_\_\_\_\_

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

Parent/Guardian #2 Name: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Medical Information

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Pertinent medical data and restrictions (allergies, asthma, seizures, etc.), include any relative medications the child is currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_

Guarantor (person responsible for payment of bill): \_\_\_\_\_

Policy and ID Number: \_\_\_\_\_

### Emergency Authorization for Medical Treatment of Minors

I/We, the undersigned, being the parent(s) of custody or legal guardian(s) of the above-named minor hereby appoint Camp Northwoods, Skidmore College to act on my behalf in authorizing unexpected medical, dental or surgical care, or hospitalization for said minor in my absence and I authorize Camp Northwoods, Skidmore College to grant consent to medical doctors and emergency staff at a hospital/emergency facility to conduct the required tests and provide the necessary medical treatment/care to the above-named child IF I OR MY SPOUSE CANNOT BE REACHED. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during the sessions my child is registered for during the 2024 Camp held July 1 – August 16.

**Please complete page 2 on reverse.**

**Camper Name:** \_\_\_\_\_

**Field Trips**

I/We, the undersigned, hereby give permission for the above-listed camper to be taken on field trips and outings, including swimming, as authorized and planned by the Camp Northwoods staff and Skidmore College.

**Camp Pick-up Authorization**

I/We, the undersigned, authorize the following people to pick up the above-named camper from camp and will notify Camp Northwoods of any additions or subtractions to this list:

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**Hold Harmless**

I/We, the undersigned, individually as parent or guardian of the above-named minor, request that the child be allowed to participate in the Camp Northwoods program sponsored by Skidmore College. I/We do hereby agree to waive and release, and hold harmless Skidmore College, its officers, agents and employees from and against all claims or causes of action or demands, liabilities, damages on account of any injury or accident involving the child's participation in the camp or in activities held in connection with the camp. I/We understand the child participates in this activity at her/his own risk and that any medical expenses associated with this program are my/our responsibility.

**I/We agree to the aforementioned policies and confirm the information provided is accurate:**

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

**Date:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

