Welcome Camp Northwoods Families,

First, we'd like to send you our appreciation and excitement for deciding to join us for a fun-filled and memorable summer at Skidmore's Camp Northwoods. The summer of 2014 was loaded with laughs, cheering, learning, playing, and every day surprises...this summer will prove to be even better!

Second, we'd like you all to know that the Office of Special Programs, as well as the dedicated directors and staff members at Camp Northwoods, have already been hard at work planning, scheduling, and brain-storming ways to make your child's summer count!

Our official camp motto, "Make Summer Count," which you will see proudly written on all campers' and staff shirts, is an idea that we all take to heart as we organize recreational games, mind-expanding projects, interesting science lessons, theme-based scavenger hunts, and so much more.

Your child's individual experience, enjoyment, and safety is among our top priorities. We take great pride in the program we've created here in Falstaff's Pavilion at Skidmore College, and can assure you your child will want to return to camp session after session, for years to come.

Please feel free to contact us with questions at any time. The number at Falstaff's is (518)580-8116 (prior to June 30 please call (518)5 80–5596) and our camp email is campnorthwoods@skidmore.edu. We anticipate easy and open communication throughout the summer.

Thanks again,

Ellen Mattison and Jake Zanetti
Co-Directors of Camp Northwoods
CAMP LOCATION
Camp Northwoods is based in Falstaff’s Pavilion on the Skidmore College campus. Falstaff’s Parking Lot is available to parents with a path leading through the woods to Falstaff’s. Directions can be found on the Skidmore College website: www.skidmore.edu. Click on “About Skidmore” and then follow link to Directions.

CAMP HOURS
8:30am - 5pm
Campers should be dropped off between 8:30 and 9am (unless there is a field trip and the camp staff instructs you otherwise). Please pick up your camper between 4:30 – 5pm. Camp closes at 5 pm and there will be a penalty fee assessed for picking up your camper after that time: $5 for the first 15 minutes; $5 for every 5 minutes after 5:15pm. These payments are due at time of pick-up.

What to do if your child is absent:
In the event your child will be absent from camp or late to arrive, please notify Camp Northwoods by 8:45am. (On field trip days, the staff would appreciate you notifying them as early as possible.)

CAMP CONTACT INFORMATION
Prior to June 29, or for inquiries:
Office of the Dean of Special Programs
Debbie Amico—Program Coordinator
518-580-5596—phone
518.580.5548—fax
damico@skidmore.edu

After June 29, if your child is currently enrolled in camp:
Camp Northwoods at Falstaff’s Pavilion
From off-campus, dial directly 580-8116.
From on-campus dial x8116
campnorthwoods@skidmore.edu

MAKE SUMMER COUNT!

SESSION I
June 29- July 10

SESSION II
July 13 - 24

SESSION III
July 27 - August 7

SESSION IV
August 10 - 14

Camp Northwoods opens the door to friendships and memories that will last a lifetime

2015

CAMP INFORMATION
AND FORMS
Thank you again for registering your child for Camp Northwoods. We are looking forward to welcoming your camper to Skidmore in just a few weeks. This packet of information will help you and your child prepare for the first day of camp. If you have any questions, please let us know.

**REQUIRED FORMS – DUE JUNE 1, 2015**

Please complete the enclosed forms and return to our office on or before June 1, 2015. Campers with incomplete forms will not be permitted to attend camp.

- Authorization for Medical Treatment Form and Camp Permission Form (blue card, both sides)
- Health History Form (gold form; include up-to-date immunization records)

**MAIL COMPLETED FORMS BY JUNE 1st to:** Debbie Amico, Camp Northwoods, Office of the Dean of Special Programs, Skidmore College, 815 North Broadway, Saratoga Springs, NY 12866

**TUITION – PAID IN FULL BY MAY, 15 2015**

Tuition must be paid in full by May 15, 2015 (an invoice with your balance due and link to make your payment was emailed to you. Please contact our office if you did not receive your emailed invoice.)

**DAILY SCHEDULE AND ACTIVITIES** *(subject to change)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>8:30—9:00am</td>
<td>Opening Ceremonies and Orientation</td>
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<tr>
<td>9:00am—Noon</td>
<td>Art, Music, Nature, Recreation including Swim Lessons and Free Swim, Special Events and Snack</td>
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<tr>
<td>Noon—1:00pm</td>
<td>Lunch, Songs and Stories</td>
</tr>
<tr>
<td>1:00—4:30pm</td>
<td>Art, Music, Nature, Recreation, Special Events and Snack</td>
</tr>
<tr>
<td>4:30—5:00pm</td>
<td>Clean Up and Closing Ceremonies</td>
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</tbody>
</table>

- Swim Lessons are taught by a certified Water Safety Instructor in the Skidmore College Pool at the Williamson Sports Center.
- Nature Activities are designed to encourage an appreciation of the environment and ecology.
- Field Trips to area destinations will occur every week.

**WHAT TO BRING**

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 of lunch boxes, swim suits, etc., can aid the younger campers in reading the list.

**The First Day:**

- Healthy snack for unit (see information below)
- Sunscreen
- Mosquito repellant
- Rain gear
- Emergency change of clothes
- Prescribed 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 prescription medication must also be in original container.

**Daily:**

- Backpack for walking with personal belongings
- Lunch packed in insulated bag/cooler with cold pack
- Swim suit and towel (extra swimsuit a plus, not required)
- Sneakers
- Water bottle or canteen (straps for carrying are great!)

**Suggested Healthy Snacks**

Campers are required to provide one healthy snack for their unit (approximately 24 campers) for each session. Foods that keep well are to be labeled clearly and delivered the first day of each session. Please make arrangements with the staff for snacks that require preparation just prior to serving. The following is a list of possible snack choices:

- cereal mix (gorp)
- fruit kabobs
- cheese and crackers
- fruit juice
- crackers and fruit spread
- milk
- ethnic dishes
- muffins
- fresh fruits or vegetables
- pretzels
- sparkling fruit juice
- Fruit or yogurt popsicles

If your camper is on a restricted diet or has certain food allergies, you will need to provide acceptable snacks for him/her daily.

Please do not send money with your camper. Campers are not allowed to use the vending machines on campus. No money is necessary on trip days unless you receive written notice from the Camp Directors.
CAMPER HEALTH HISTORY FORM 1

Debbie Amico
Camp Northwoods
Skidmore College
815 N Broadway
Saratoga Springs, NY 12866

Mail this form to the address below by June 1, 2015

CAMPER NAME

Parent/Insurance

INCL

Date of

CAMP

Middle

Last

□ Male □ Female

Birth Date

Age on arrival at camp:

Month/Day/Year

□ 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 vegetarian diet. □ This camper has special food needs. (Please describe below.)

Restrictions: □ I have reviewed the program and activities of the camp and feel the camper can participate without restriction.

□ 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 __________________________ Relationship to Camper: __________________________ Date: __________________________

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.
**Immunization History:** Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Dose 1 Month/Year</th>
<th>Dose 2 Month/Year</th>
<th>Dose 3 Month/Year</th>
<th>Dose 4 Month/Year</th>
<th>Dose 5 Month/Year</th>
<th>Most Recent Dose Month/Year</th>
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<tr>
<td>Diptheria, tetanus, pertussis (DTaP) or (Tdap)</td>
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<td>Tetanus booster (dT) or (Tdap)</td>
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<td>Mumps, measles, rubella (MMR)</td>
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<td>Polio (IPV)</td>
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<td>Haemophilus influenza type B (HIB)</td>
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<td>Pneumococcal (PCV)</td>
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<td>Hepatitis B</td>
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<td>Hepatitis A</td>
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<td>Varicella (chicken pox)</td>
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<tr>
<td>Meningococcal meningitis (MCV4)</td>
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**Tuberculosis (TB) test**  
Date: □ Negative □ Positive

**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.

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Date started</th>
<th>Reason for taking it</th>
<th>When it is given</th>
<th>Amount or dose given</th>
<th>How it is given</th>
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CAMPER HEALTH HISTORY FORM

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? □ Yes □ No
2. Ever had surgery? □ Yes □ No
3. Have recurrent/chronic illnesses? □ Yes □ No
4. Had a recent infectious disease? □ Yes □ No
5. Had a recent injury? □ Yes □ No
6. Had asthma/wheezing/shortness of breath? □ Yes □ No
7. Have diabetes? □ Yes □ No
8. Had seizures? □ Yes □ No
9. Had headaches? □ Yes □ No
10. Wear glasses/contacts/protective eyewear? □ Yes □ 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)? □ Yes □ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? □ Yes □ No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? □ Yes □ No
4. Had a significant life event that continues to affect the camper’s life? □ Yes □ No
   (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

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: Keep a copy for your records.

Copyright 2008 by American Camping Association, Inc. Page 3/3
Rev. 1/2007 LEE/EAW
AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, health or hospital services, under the law, you as a parent must give permission as the need arises. By law a hospital is always required to attempt to contact parents and/or legal guardians to gain consent for treatment. This form can provide valuable information to health care providers for contacting parents or guardians. The hospital still, however, has the obligation to always attempt to contact parents or guardians. Medical care often requires complex decisions that are best made when parents or guardians are involved. When a true emergency exists, a child may be treated without parental consent. This will happen only when a physician determines that a child needs immediate medical care and an attempt to obtain parental consent would result in a delay which would increase the risk to the child’s life or health.

I (we), being the parent(s) of custody or legal guardian(s) of (print name of 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 camp June 29-August 14, 2015.

Child’s birth date Date of last Tetanus immunization

Pertinent medical data (allergies, asthma, seizures, etc. Include any medication the child is on, relative to this condition.)

Medical Restrictions

Mother/Guardian (print) 
Address
Signature Date
Phone # (work) (home) (cell)

Father/Guardian (print)
Address
Signature Date
Phone # (work) (home) (cell)

Name of Family Physician
Phone #
Address

MEDICAL INSURANCE INFORMATION

Guarantor (person responsible for payment of bill)
Name of Insurance
Policy #

Please complete other side.
I, the undersigned, individually as parent or guardian of named minor, request that the child be allowed to participate in the Camp Northwoods program sponsored by Skidmore College. I 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 understand the child participates in this activity at her/his own risk and that any medical expenses associated with this program are my responsibility.

Signature

Date

I authorize the following people to pick up my child from camp, and will notify Camp Northwoods of any additions or subtractions to this list:

____________________________________________

____________________________________________

____________________________________________

Signature

Please complete other side.
Children’s Camps in New York State

In New York State, summer camps must have a state, city or county health department permit to operate legally. These permits are issued only if the camp is in compliance with the state’s health regulations. The permit to operate must be displayed in a conspicuous place on the premises.

The camp must be inspected twice yearly by a health department representative. At least one inspection must be made during the time the camp is in operation. Each camp is checked to make sure that the physical facilities are safe and that supervision is adequate. When choosing a summer camp for your child, consider the following:

Staff Credentials/Supervision

What are the qualifications of the camp director?
The New York State Health Code requires that the director of an overnight camp be at least 25-years-old or hold a bachelor’s degree; a day camp director must be at least 21-years-old. All directors must have experience in camping administration or supervision. Camp directors’ backgrounds are screened by the Office of Children and Family Services Central Register Database for reported incidents of child abuse and maltreatment. Their backgrounds are also screened by the Health Department for criminal convictions. Only individuals who are considered to pose no risk to campers are accepted by the Health Department as camp directors.

What are the qualifications of the camp counselors and how are campers supervised?
Counselors must have experience in camping and supervision of children or have completed an acceptable training course. Stringent counselor-to-camper ratios and staff qualifications are mandated for supervision of swimming, archery, riflery and camp trip activities.

At overnight camps, 80 percent of the camp’s counselors must be at least 18-years-old; up to 20 percent may be 17-years-old. There must be at least one counselor for every 10 children aged eight years or older, and one counselor for every eight children younger than eight years old.

At day camps, counselors must be 16 years of age or older. There must be a minimum of one counselor for every 12 children. Camps that must provide at least 10 counselors may choose to use counselors-in-training (CITs) to meet 10 percent of the required number of counselors. These CITs must be at least 16 years of age at an overnight camp and 15 years of age at a day camp. They must work with senior staff, have had previous experience as a camper and complete a training program. Ask the camp operator if any of their counselors are CITs and how they are used to supervise campers.

Ask about the camp’s staff and supervision procedures, including discipline policies. Do they meet your expectations?

Health

Ask about medical coverage and when you will be notified if your child becomes ill or injured. Is a doctor or nurse in residence or on call for campers at all times? Physicians or nursing services must be available. All summer camps in New York State are required to have a health director and a written medical plan approved by the Health Department. The written plan must include, among other things, provisions for medical, nursing and first aid services. Injuries and illnesses must be reported to the Health Department and are thoroughly reviewed.

Does the camp require medical records for campers? Camps must keep current medical history reports on file for all campers. Be sure to detail your child’s history of immunization, illness, disability or allergy. Specify special diets and activity restrictions. Provide instruction for any medication your child must take.
Camp Safety
Are the camp facilities and activities safe?
The camp operator must develop a written plan to include maintenance of facilities, provisions for training staff members and orientation of campers, supervision of campers, campsite hazards, emergency procedures and drills, safety procedures and equipment for program activities.

Swimming
Are waterfront personnel qualified?
Are campers always supervised while in the water?
All waterfront activities at camps in New York State must be supervised by an experienced certified lifeguard or water safety instructor. On site, one qualified lifeguard is required for every 25 bathers. All aquatic staff are required to be trained in cardiopulmonary resuscitation (CPR).
Camps that use off-site pools or beaches operated by others must make special arrangements to provide a safe activity. Even off site, the camp remains responsible for supervising campers.

Sports and Activities
How are activities in craft shops supervised, especially when campers are using dangerous tools, such as power saws and lathes? Are archery and rifle ranges at a safe distance from activity centers? Are spectators protected at baseball fields and similar areas? Do players wear protective equipment?
State regulation requires that archery, rifle and horseback riding be supervised by counselors with special training in those activities.

Fire Safety
Are there periodic fire drills for both campers and staff? Does each floor of every building have fire exits in two different locations? Are flammable materials (gasoline, pool chemicals, etc.) stored away from activity centers and kept under lock and key? Are functioning smoke detectors located in every sleeping room?
All of the above are mandatory in New York State.

Location and Facilities
Are barriers erected against such natural hazards as cliffs and swamps? Are foot trails located away from such dangerous areas and from heavily traveled roads and highways? Do the camp facilities (bunks, bathrooms, mess hall, recreation facilities) meet your aesthetic tastes and those of your child? Is the camp located in an area that will not aggravate your child’s allergies? Will your child be required to perform chores, such as cleaning or cooking?
For information on the camp’s location and facilities, visit the camp or interview the camp operator by telephone, prior to making a decision to enroll your child at the camp.

Nutrition
Are good health practices observed in the camp kitchens, dining areas and food services? Does the camp serve food your child likes?
At camps in New York State, food must be prepared from inspected sources. Food preparation and handling activities are reviewed to assure safe and sanitary practices. Kitchen employees must be healthy and follow hygienic practices. Potentially hazardous food must be maintained below 45°F or above 140°F.

Rights and Responsibilities
The regulatory program of the New York State Department of Health places specific responsibilities on camp operators, and on local health departments that enforce department regulations. Following is a summary of rights and responsibilities:

Rights of Parents and Guardians
• To be informed by the camp director, or his or her designee, of any incident involving your child, including serious injury, illness or abuse.
• To review inspection and investigation reports for a camp, which are maintained by the local health department issuing the camp a permit to operate (present and past reports are available).
• To review the required written camp plans. These are on file at both the camp and the health department issuing the permit to operate.

Responsibilities of the Camp Operator
• To inform you and the local health department if your child is involved in any serious injury, illness or abuse incident.
• To screen the background and qualifications of all staff.
• To train staff about their duties.
• To provide supervision for all campers 24 hours a day at overnight camps, and during hours of operation for day camps.
• To maintain all camp physical facilities in a safe and sanitary condition.
• To provide safe and wholesome meals.
• To have and follow required written plans for camp safety, health and fire safety.
• To notify the parent or guardian, with the enrollment application or enrollment contract, that:
  – the camp must have a permit to operate from the New York State Department of Health or the designated permit-issuing official;