



Spring 2020

Dear Parents/Guardians of Camp Northwoods,

I know that the snow is just beginning to melt, but at Camp Northwoods we have been thinking summer for quite some time. We have been busy planning new field trips and establishing new relationships that will assure an exceptional summer filled with safe fun.

I am excited to be returning to Camp Northwoods as the Director for 2020! Joining me this summer are some familiar faces and some new ones, too. The vast experience our staff, in conjunction with the beautiful backdrop and resources of Skidmore College, will make your child's summer one for the memory books.

Camping has always been a passion for me. From being a camper as a child, to running a camp as an adult, I have worked in every role imaginable. I believe that a summer camp should enrich a child's life and allow them to learn and have fun in a challenging yet rewarding environment.

We realize that your children are your number one priority and I want to assure you that at Camp Northwoods we are going to teach and inspire your children! Thank you for considering us, and feel free to reach out with any questions you may have. See you in the sun!

Health & Happiness,

Peter Carner, Director  
Camp Northwoods  
[campnorthwoods@skidmore.edu](mailto:campnorthwoods@skidmore.edu)



## **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](http://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 5pm 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 for inquires:**

Office of Special Programs  
Christine Merrill  
Senior Program Coordinator  
518-580-5593—phone  
518.580.5548— fax  
[campnorthwoods@skidmore.edu](mailto:campnorthwoods@skidmore.edu)



### **After June 29, if your child is currently enrolled in camp:**

Camp Northwoods at Falstaff's Pavilion  
From off-campus 518-580-8116  
From on-campus x8116  
[campnorthwoods@skidmore.edu](mailto:campnorthwoods@skidmore.edu)  
[www.skidmore.edu/camp\\_northwoods](http://www.skidmore.edu/camp_northwoods)

**northwoods**CAMP

**MAKE SUMMER COUNT!**

**SKIDMORE**  
C O L L E G E

**2020**

# **CAMP INFORMATION AND FORMS**



**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**

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, 2020**

Please complete the enclosed forms and return to our office on or before June 1st. 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 (Due BY JUNE 1st) to:**

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

## **TUITION– PAID IN FULL BY MAY 8, 2020**

Tuition must be **paid in full by May 8, 2020** (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)

8:30—9:00am	Opening Ceremonies and Orientation
9:00am—Noon	Art, Music, Nature, Recreation including Swim Lessons and Free Swim, Special Events and Snack
Noon—1:00pm	Lunch, Songs and Stories
1:00—4:30pm	Art, Music, Nature, Recreation, Special Events and Snack
4:30—5:00pm	Clean Up and Closing Ceremonies

- 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.



## **UNITS**

Evergreens: Entering Grades 1 & 2  
 Redwoods: Entering Grades 3 & 4  
 Blue Spruces: Entering Grades 5 & 6

## **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 container. Non-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:

Trail mix	Pretzels
Cheese and crackers	Raisins
Milk	Popcorn
Small muffins	Granola Bars
Fresh fruits or vegetables	Fruit Chews/Fruit Roll-ups
Fruit juice	Snack Crackers
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

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

american **CAMP** association®

**Deadline to submit this form to address below is June 1, 2020**

Christine Merrill  
Camp Northwoods  
Skidmore College  
815 N 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.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

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.**

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Camper Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
(For Camp Use) Cabin or Group \_\_\_\_\_  
(For Camp Use) Session Code(s): \_\_\_\_\_

# 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: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

Acetaminophen (Tylenol)  
Phenylephrine decongestant (Sudafed PE)  
Antihistamine/allergy medicine  
Diphenhydramine antihistamine/allergy medicine (Benadryl)  
Sore throat spray  
Lice shampoo or cream (Nix or Elimate)  
Calamine lotion  
Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)  
Pseudoephedrine decongestant (Sudafed)  
Guaifenesin cough syrup (Robitussin)  
Dextromethorphan cough syrup (Robitussin DM)  
Generic cough drops  
Antibiotic cream  
Aloe  
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

# 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.**

# 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: \_\_\_\_\_

Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

### Individual Health Record (For Camp Use Only)

Initials: \_\_\_\_\_

- ☐ Screening has been conducted according to camp protocol and significant findings noted as follows:
- A. Any signs/symptoms of illness or injury upon arrival?..... ☐ No ☐ Yes as noted below
- B. History of exposure to communicable disease?..... ☐ No ☐ Yes as noted below
- C. Additions or corrections to information on this health history?..... ☐ No ☐ Yes as noted below
- D. Medication given to health-care staff?..... ☐ No ☐ Yes as noted below
- E. Any signs/symptoms of head lice?..... ☐ No ☐ Yes as noted below

Provider notes: (date/time/initial all entries) \_\_\_\_\_

[illegible]

**Exit Note:** Check one of the following:

- ☐ Left camp this day with no reported illness or injury symptoms.
- ☐ Left camp this day with the following problem/concern:

This person was told about the problem and instructed about follow-up as noted above: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Initials: \_\_\_\_\_



# 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) \_\_\_\_\_ do 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, 2020.

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.

# AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

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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.



# CAMP PERMISSION FORM

\_\_\_\_Evergreens \_\_\_\_Redwoods \_\_\_\_Blue Spruces

Camper's Name \_\_\_\_\_ Sex \_\_\_\_\_

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

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

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Entering Grade \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Day Phone # \_\_\_\_\_ Cell \_\_\_\_\_

I hereby give permission for \_\_\_\_\_  
to be taken on field trips and outings (including  
swimming) as authorized by camp staff.

*Signature* \_\_\_\_\_

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.**

# CAMP PERMISSION FORM

\_\_\_\_Evergreens \_\_\_\_Redwoods \_\_\_\_Blue Spruces

Camper's Name \_\_\_\_\_ Sex \_\_\_\_\_

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

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

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Entering Grade \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Day Phone # \_\_\_\_\_ Cell \_\_\_\_\_

I hereby give permission for \_\_\_\_\_  
to be taken on field trips and outings (including  
swimming) as authorized by camp staff.

*Signature* \_\_\_\_\_

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.**