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 26, 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 26, 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
www.skidmore.edu/camp_northwoods

MAKE SUMMER COUNT!

SESSION I
June 26- July 7

SESSION II
July 10 - 21

SESSION III
July 24 - August 4

SESSION IV
August 7 - 11

MAKE SUMMER COUNT!
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, 2017**

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 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, 12 2017**

Tuition must be paid in full by May 12, 2017 (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>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30—9:00am</td>
<td>Opening Ceremonies and Orientation</td>
</tr>
<tr>
<td>9:00am—Noon</td>
<td>Art, Music, Nature, Recreation including Swim Lessons and Free Swim, Special Events and Snack</td>
</tr>
<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>
</tr>
</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.

**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

**TUITION – PAID IN FULL BY MAY, 12 2017**

**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
- crackers and fruit spread
- ethnic dishes
- fresh fruits or vegetables
- sparking fruit juice
- Fruit or yogurt popsicles

**WHAT TO BRING**

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- cheese and crackers
- crackers and fruit spread
- ethnic dishes
- fresh fruits or vegetables
- sparking 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 FORM1

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

Mail this form to the address below by June 1, 2017

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

---

**Camper Home Address:**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Camper</th>
<th>Preferred Phones: (<strong><strong><strong>) (</strong></strong></strong>)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Email: ____________________________</td>
</tr>
</tbody>
</table>

Home Address: (if different from above)

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Second parent/guardian or other emergency contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Camper</th>
<th>Preferred Phones: (<strong><strong><strong>) (</strong></strong></strong>)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Email: ____________________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Camper</th>
<th>Preferred Phones: (<strong><strong><strong>) (</strong></strong></strong>)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Email: ____________________________</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subscriber</th>
<th>InsuranceCompany Phone Number (______)</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</table>

**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: __________________________ 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.

---

**Dates will attend camp:** from __________________________ to __________________________ Month/Day/Year Month/Day/Year

**Camper Name:** _______________________________________________________________________________________

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**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 for your records.

2) Send the original, signed FORM 1 to camp by the requested date (June 1).
**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.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
<th>Dose 5</th>
<th>Most Recent Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diptheria, tetanus, pertussis</td>
<td></td>
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<tr>
<td>(DTaP) or (TdaP)</td>
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<tr>
<td>Tetanus booster •</td>
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<tr>
<td>(dT) or (TdaP)</td>
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<td></td>
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<tr>
<td>Mumps, measles, rubella</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(MMR)</td>
<td></td>
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<tr>
<td>Polio (IPV)</td>
<td></td>
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<tr>
<td>Haemophilus influenzae type B</td>
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<td></td>
</tr>
<tr>
<td>(Hib)</td>
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<tr>
<td>Pneumococcal</td>
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<tr>
<td>(PCV)</td>
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<tr>
<td>Hepatitis B</td>
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<td></td>
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<tr>
<td>Hepatitis A</td>
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<td></td>
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<tr>
<td>Varicella (chicken pox)</td>
<td></td>
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<td></td>
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<tr>
<td>Had chicken pox Date:</td>
<td></td>
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<tr>
<td>Meningococcal meningitis</td>
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<tr>
<td>(MCV4)</td>
<td></td>
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<tr>
<td>Tuberculosis (TB) test</td>
<td></td>
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<tr>
<td>Date: $\square$ Negative $\square$ Positive</td>
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</tbody>
</table>

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 Relationship Parent/Guardian:** ___________________  ___________________  ___________________  ___________________

**Date:** ___________________  **Relationship:** to Camper: ___________________

**Medication:**

- $\square$ This camper will not take any daily medications while attending camp.
- $\square$ 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$\square$ Breakfast</td>
<td></td>
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<td></td>
<td>$\square$ Lunch</td>
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<td>$\square$ Dinner</td>
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<td></td>
<td>$\square$ Bedtime</td>
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<td>$\square$ Other time:</td>
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<td></td>
<td></td>
<td></td>
<td>$\square$ Breakfast</td>
<td></td>
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<td>$\square$ Lunch</td>
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<td>$\square$ Dinner</td>
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<td>$\square$ Bedtime</td>
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<td>$\square$ Other time:</td>
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<td>$\square$ Lunch</td>
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<td>$\square$ Dinner</td>
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<td>$\square$ Bedtime</td>
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<td></td>
<td></td>
<td>$\square$ Other time:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 26-August 11, 2017.

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

Please complete other side.

Mother/Guardian (print)

Address

Signature Date

Phone # (work) (home) (cell)

Father/Guardian (print)

Address

Signature Date

Phone # (work) (home) (cell)

MEDICAL INSURANCE INFORMATION

Guarantor (person responsible for payment of bill)

Name of Insurance

Policy #
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 _____________________________

I hereby give permission for pictures to be taken of my child for promotional use.

Signature _____________________________

Please complete other side.
**General Health History: Check “Yes” or “No” for each statement. Explain “Yes” answers below.**

Has/does the camper:

1. Ever been hospitalized? ………………………………
2. Ever had surgery? …………………………………
3. Have recurrent/chronic illnesses? …………………
4. Had a recent infectious disease? ……………………
5. Had a recent injury? ……………………………….
6. Had asthma/wheezing/shortness of breath? ………
7. Have diabetes? ………………………………………
8. Had seizures? ………………………………………
9. Had headaches? ……………………………………
10. Wear glasses, contacts, or protective eyewear? …
11. Had fainting or dizziness? …………………………
12. Passed out/had chest pain during exercise? ………
13. Had mononucleosis (“mono”) during the past 12 months? …
14. If female, have problems with periods/menstruation? …
15. Have problems with falling asleep/sleepwalking? …
16. Ever had back/joint problems? …………………….
17. Have a history of bedwetting? ……………………..
18. Have problems with diarrhea/constipation? ………
19. Have any skin problems? …………………………..
20. Traveled outside the country in the past 9 months? …

**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)? ………………………………………………………
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? ………………………………………………………
3. During the past 12 months, seen a professional to address mental/emotional health concerns? ………………………………………………………
4. Had a significant life event that continues to affect the camper’s life? …………………………………………………………………………..

**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):

Name of dentist(s):

Name of orthodontist(s):

**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.**

Keep a copy for your records.