

# 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**

## **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: sevwww se(ly)4 ( 95 0l5-4 (o)8 (u)-3 ()(i-4 (eh1)-2 (:2 (ra)10 (d)-4 (e)-1 (s)2 (;)-1 ( c)4 (o)8 9u)6 (n)-4 (14 (a

- 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                 | Small muffins              |
| Pretzels                     | Fresh fruits or vegetables |
| Cheese and crackers          | Fruit Chews/Fruit Roll-ups |
| Raisins or other dried fruit | Fruit juice                |
| Milk                         | Snack Crackers             |
| Popcorn                      | 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:


[Redacted content]

[Redacted content]

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by:

Camper Name: \_\_\_\_\_  
First Middle Last

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

**General Health History:** Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

**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.*





## 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.**

