

# General Notice

(This notice is being sent in every camper package)

- All balances must be paid two weeks in advance of the scheduled camp session(s). Accounts that have a balance will incur a \$50 late fee.
- A health examination signed by a licensed physician is required for all camp attendees, including all family campers. Physical examinations are valid for 24 months, and must be current on 1st day of camp, a copy must be brought each year to camp.
- The Department of Public Health of the State of Massachusetts requires immunization records on all campers:
  - Campers younger than 18 years of age\*
    - 2 MMR 4 Polio 4 Dtap/3 Td campers
    - 11-12 years Tdap 3 Hep B
  - Adults 18 and older born after 1957\*
    - MMR or proof Tdap in the past 10 years
- There are two reason for Immunization exemptions:
  - **Religious Exception** (Release form from camp required)\*\*
  - **Medical Exception** (Health history required by camp includes a certification by a physician that he or she has examined the individual and that in the physician's opinion the physical condition of the individual is such that his or her health would be endangered by such immunization.

\*\*If you need a Release for Exemption from Immunization Requirements, please call the conference office (978-365-4551) and for Youth Department or use this link to print one off [www.campwinnekeag.com/campers/family-camp-forms](http://www.campwinnekeag.com/campers/family-camp-forms) . **The form will not be available at camp.** We appreciate your cooperation in this matter.

In order to speed the registration process, please fill out these additional medical forms before arriving to camp. Please make sure to give them to the medical personnel at camp. **Note: These forms are not required for Family Camp**

★Food Allergy Questionnaire (If applicable)- Fill out by parent/guardian

★Authorization to Administer OTD (Over-The-Counter) Medications to Camper- Fill out by parent/guardian

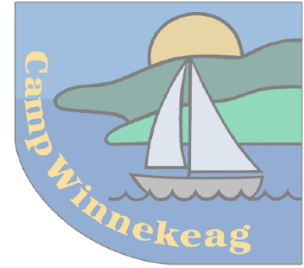
★Camp Winnekeag Medication Record (if child is taking medications)- Fill out by doctor, nurse, or medical office personnel.

# CAMP WINNEKEAG

THE CAMP THAT CARES

*Camp Winnekeag 257 Ashby Rd, Ashburnham, MA 01430*

*Phone: 978-827-4455 Fax: 978-827-5621*



## **Parental Permission/Release for Camp Attendance**

**Please Read and Check all that Apply**

I give permission for my child to attend Camp Winnekeag during the sessions for which we signed up. I also give permission for my child to engage in regularly scheduled camp activities. I acknowledge that there are inherent risks associated with various activities at camp which may cause temporary or permanent bodily injury, or possibly death. I knowingly and intelligently assume the risks which could cause bodily harm or possibly death to my child. Camp Winnekeag has safety protocols in place, and will do its best to provide a safe and healthy environment for all campers. However, inherent risks are associated with some camp activities, and therefore, I assume full liability and hereby release Camp Winnekeag and its employees and agents, as well as the Southern New England Conference and its employees and agents, of any and all liabilities which may arise from my child's involvement in camp activities, which may result in bodily injury or even death.

I do support and agree to abide by all camp regulations and policies and to uphold the objectives of the camp. Policies are available at the camp office upon request.

Additionally, to provide for the safety of all campers and staff, and to provide an environment free from distraction, we hereby certify that our child has not brought any fireworks, matches or lighters, items of incendiary nature, explosives, gunpowder, firearms, ammunition, knives, or weapons of any kind (including toy weapons) to camp.

*(Continues on next page)*

In addition, our child has not brought any alcoholic beverages, tobacco products, illicit drugs or any other illegal substance.

The camp is not responsible for personal items and asks that no electronic devices, gameboys, portable radios, CD/DVD players, TV's, iPods, shuttles, computers or cell phones be brought to the camp. Additionally, my child has not brought inappropriate reading materials.

I agree to release any photos taken of me or my child during camp activities for Camp Winnekeag promotions.

Name of Camper: \_\_\_\_\_

Signature of Camper: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

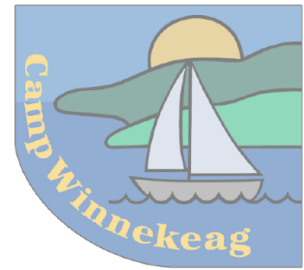
Date: \_\_\_\_\_

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## **AUTHORIZATION TO ADMINISTER OTC MEDICATIONS TO A CAMPER**

**(To be completed by the parent/guardian)**

I give consent for Camp Winnekeag Medical Staff to administer the following over the counter medications to my child (Name)\_\_\_\_\_

- Ibuprofen**
- Acetaminophen**
- Benadryl/ Diphenhydramine**
- Cough Syrup**
- Tums**

Dosages will be administered per camper's weight.

Frequency of medication will be given as needed per product recommendations.

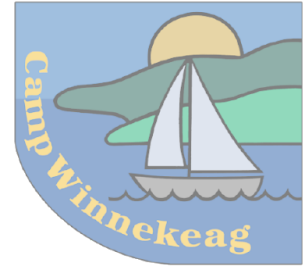
\_\_\_\_\_  
Signature of Parent / Guardian Date

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## Food Allergy Questionnaire

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Please answer the following questions to better help us with you needs:

Is Epi-Pen needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. What food(s) is the Participant intolerant or allergic to? Please list food that are to be avoided (dairy, gluten nuts, soy, eggs etc):

2. What are the preferred food substitutions, if any? (Soy butter for peanut butter, gluten-free breads, soy milk etc):

3. What types of contact will cause a reaction? Circle and explain:

**Airborne, Aerosol, Cross Contamination, Actual ingestion of food, Other**

Please Explain: \_\_\_\_\_

4. Does the Participant understand the food allergy and what needs to be done to manage it?

5. Is there any other information you would like to share to help us meet the Participant's needs?

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date