

Camper Name

Forest Lake Summer Camp
261 Forest Lake Road, Chestertown, New York 12817
Phone: 518-623-4771 Fax: 518-623-4246
info@forestlakecamp.com



Dear FLC Camper Parent(s)/Guardian(s),

In the following document, you will find all the required forms for your child to attend Forest Lake Camp for the 2010 season.

Please fill out all forms and send to Forest Lake Camp, by **MAY 1, 2010**. We need these forms **PRIOR** to your child arriving at Forest Lake Camp. Your child will not be allowed to stay at Forest Lake Camp if we do not have these forms prior to their arrival. Thus, **do not** send your child to Camp with these forms in hand.

We do recognize some of the forms are repetitious, and we apologize for any inconvenience this may cause. The repetition is due to the fact that we need to have all these forms to comply with both Department of Health and American Camp Association Standards.

If you are sending more than one child to Forest Lake Camp, we will need separate forms for each child.

We are looking forward to the safe and healthy camp season ahead!

Sincerely,

Sara Robertson-Ryan
Director, Forest Lake Camp

Graeme Marshall
Assistant Director, Forest Lake Camp

Camper Name _____

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Emergency Medical Card

This form will accompany your child on out of camp trips and is a supplement to the standard Camper Health Form. (Please print)

Camper's Name _____ Age _____ Date of Birth _____

Address _____ Home Phone # _____

Where parents can be reached if not at home:

Mother's Name _____ Cell Phone # _____

Father's Name _____ Cell Phone # _____

List two relatives (or friends) who will assume temporary care of your child if you cannot be reached:

1. Name _____ Phone # _____

Address _____

2. Name _____ Phone # _____

Address _____

In case of medical emergency, I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Parent/Guardian Signature: _____ Date _____

Remarks: _____

Allergies: _____

Medication: _____

Other Conditions, which require special handling in an emergency: _____

Physician's Name: _____

Address: _____

Phone #: _____ Emergency #: _____

Camper Name _____

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Authorization for Non-Prescription Medications

Listed below are non-prescription medications and over-the-counter preparations, which are in stock at the camp's infirmary for safe, symptomatic relief of minor conditions. The camp health staff (RN and LPN) will administer such medications only with written permission of both the PARENT/GUARDIAN and a LICENSED PHYSICIAN. All medications will be administered according to label directions for age/weight.

Please **check below** () the non-prescription medications that you **give permission** to be administered to your child at camp for the 2009 season.

<input type="checkbox"/> Medications	<input type="checkbox"/> Medications
<input type="checkbox"/> <u>Acetaminophen (Tylenol)</u> for discomfort, pain, fever	<input type="checkbox"/> <u>Phenylephrine</u>
<input type="checkbox"/> <u>Ibuprofen (Advil/Motrin)</u> for discomfort, pain, fever	<input type="checkbox"/> <u>Decongestant</u> (Sudafed PE)
<input type="checkbox"/> <u>Cortaid</u> for skin rash on unbroken skin, insect bites	<input type="checkbox"/> <u>Pseudoephedrine</u>
<input type="checkbox"/> <u>General Cough Drops</u> for irritated throat or cough	<input type="checkbox"/> <u>Decongestant</u> (Sudafed)
<input type="checkbox"/> <u>Diphenhydramine (Benadryl)</u> for allergies	<input type="checkbox"/> <u>Guaifenesin Cough Syrup</u> (Robitussin)
<input type="checkbox"/> <u>Antibiotic Cream</u> for minor wounds	<input type="checkbox"/> <u>Dextromethorphan Cough</u> <u>Syrup</u> (Robitussin DM)
<input type="checkbox"/> <u>Tums</u> for upset stomach	<input type="checkbox"/> <u>Sore Throat Spray</u>
<input type="checkbox"/> <u>Midol</u> for menstrual pain (if applicable)	<input type="checkbox"/> <u>Lice Shampoo or cream</u>
	<input type="checkbox"/> <u>Aloe</u>

If your child has an allergy to any of these medications, please note below.

My child has: No Allergies
 The Following Allergies: _____

Camper's Name: _____

Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____

Camper Name _____

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MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

Check one box and sign below.

- My child has had meningococcal meningitis immunization within the past 10 years.

Date received: _____

[Note: If your child received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.]

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____
(Parent / Guardian)

Camper's Name: _____ Date of Birth: _____

Mailing Address: _____

Parent/Guardian's E-mail address (optional): _____

Camper Name _____

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Activity Consent Form

I understand and certify that my child's participation at Forest Lake Camp and in its activities is voluntary and I have familiarized myself with the camp's programs and activities.

I recognize that certain hazards and dangers are inherent in camping activities and particularly, but not limited to, the activities of horseback riding, swimming, boating, contact sports, climbing, and wilderness and canoe trips. I further acknowledge that Forest Lake Camp has taken safety measures to minimize the risk of injury to camp participants and that Forest Lake cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents, and/or injuries.

I hereby give my (our) consent that _____ is permitted to participate:
(Name of Camper)

- in all camp activities
- in all camp activities except: _____
- in white water rafting

Parent/Guardian Signature _____ Date _____

Swimming Ability

Does your child know how to swim? Please check the appropriate description:

- _____ Absolute non-swimmer
- _____ Beginning swimmer
- _____ Can swim competently in deep water

Comments: _____

Camper's Name: _____

Parent/Guardian Signature: _____ Date: _____

Camper Name _____

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CAMPER PROFILE

To help us get to know your child a little bit prior to camp please take the time to fill out this form. Even if your child has been to Forest Lake before it's important for his/her new Cabin Counselor to have this information. If you would like to share it with your child, that is fine, however we ask that you sign off on it. Thank you.

Camper's Name _____ Grade entering _____

Sibling(s) at Camp _____

Sibling(s) at Home _____ Years at FLC _____

- What do you hope your child will gain from being at Forest Lake Camp (FLC)?

- What activities do you think he/she will especially enjoy doing at FLC?

- How was your child's school year both academically and socially?

- What activities and hobbies does your child participate in during the school year?

- Do you have any concerns or are there any special circumstances we should be aware of (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)?

- Does your child have any concerns about being at Camp this summer?

- What made you choose to send your child to Forest Lake Camp?

- Brag a little! Tell us what is special about your child:

Thank you! We are definitely looking forward to a great summer!

Parent/Guardian Signature

Date

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Photo Release Form

Forest Lake Camp routinely takes pictures of campers in activities and at camp events and wishes to use these photos in our promotional materials and on the camp's website. Picture captions **will not** identify children by name. Please check the appropriate box and sign below.

Camper's Name: _____

I **GRANT** Forest Lake Camp the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of my child for use in materials they may create.

I **DO NOT GRANT** Forest Lake Camp the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of my child for use in materials they may create.

Parent/Guardian Signature: _____ Date: _____

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TRANSPORTATION FORM

(PLEASE SCAN/EMAIL, FAX OR SEND FORM BY MAY 1, 2010)

Please indicate your travel plans for your child's arrival to and departure from Forest Lake Camp. Please put an "X" on all appropriate lines

Camper Name: _____

Please indicate the following

Your child's arrival date: June 27 July 11 July 25 Aug 8

Your child's departure date: July 10 July 24 Aug 7 Aug 21

Camper will arrive by car **Camper will depart by car**

If your child is arriving/departing with someone other than yourself, please provide us with that information: _____

Camper will arrive via FLC transport from: **Paramus, NJ** **White Plains, NY**

Camper will depart via FLC transport to: **Paramus, NJ** **White Plains, NY**

There is an associate cost with transportation to/from a "bus" location. Please read the following pages for further information regarding cost.

Camper will arrive at the airport. **JFK** **Albany**

Camper will depart from the airport. **JFK** **Albany**

There is an associate cost with transportation to/from an airport. Please read the following pages for further information regarding cost.

Arrival Information

<i>Departing Airport</i>	<i>Time</i>	<i>Arrival Airport</i>	<i>Time</i>
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<i>Airline</i>	<i>Flight #</i>	<i>Unaccompanied Minor Y/N?</i>
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Departure Information

<i>Departing Airport</i>	<i>Time</i>	<i>Arrival Airport</i>	<i>Time</i>
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<i>Airline</i>	<i>Flight #</i>	<i>Unaccompanied Minor Y/N?</i>
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Parent/Guardian Signature: _____