

SUDBURY ADVENTURE PROGRAM 2009



PARENT PACKET

**Park & Recreation
40 Fairbank Road
Sudbury, MA 01776
978-443-1092**

Welcome to the Sudbury Adventure Program!

The purpose of this packet is to give you some general information about how the program is run, answer some frequently asked questions, and update you on the changes that have taken place for this summer. Please make sure that you read through all of the information provided.

FIRST DAY OF CAMP DROP-OFF PROCEDURE

We invite parents to join us for the first 20 minutes of the first day of camp. We will do introductions, go over rules and the structure of the camp and the planned activities.

DROP OFF/PICK UP PROCEDURES

The program begins at 8:45am. Please be sure to drop off your child at that time. **Drop off will be at the pavilion at Haskell field.** Your child should check in with the camp staff when they arrive, this will help with the absentee procedure.

Our staff needs the half-hour before to set up for the program and the day's activities, so they cannot be watching children during this time. If you have to drop your child off early, please sign up for our early drop off program, which has staff already assigned to that sole responsibility. (See EARLY DROP OFF form on last page of packet.)

The program ends at 4:00pm. Being prompt for pick up is extremely important. **You will pick your children up in ROOM 1 of the Fairbank Community Center.** We ask that your child check out with us when their ride has arrived. If your child will be walking or biking home please send a note or e-mail youth@sudbury.ma.us to give them permission to leave on their own.

EARLY DROP OFF

Early drop off is from 8:00am-9:00am. Early Drop Off is located in the outdoor fenced in area of the Fairbank Community Center. The cost is \$5 per child per day. You may pay in advance or sign up and pay on the day you need the extra care. A staff member will walk your child across the street to the pavilion at 8:45am.

ABSENTEE PROCEDURE



All children must be accounted for. Please call Jessica Bendel, Youth Coordinator, at (978)639- 3227 or e-mail youth@sudbury.ma.us if your child will not be attending the program. The office is open from 8:30-4:00pm, during other times you may leave a message.

LUNCH/SNACK

There is no refrigeration available. Please do not pack items that will spoil in the heat (unless you send them in a small cooler with an ice pack.) Be sure to pack a good size lunch. Please tell your children not to share their lunches with other kids due to the high number of allergies. Finally, please include extra drinks (like water or sports drinks) to prevent dehydration. Snack is not provided due to the high number of allergies and parental concerns over what children are eating. Please send your child with a snack to eat.



BATHING SUITS

Bathing suits are needed for all campers on WEDNESDAYS. We typically have two different blocks of times in the pool so some children prefer to have 2 bathing suits for the day. Some of our trips will also take us to places where children will need a bathing suit so please check the schedule that will be e-mailed to you.

ELECTRONIC EQUIPMENT POLICY

Children are allowed to bring electronic equipment (i.e. cell phones, iPods, cameras, and hand held games) however we strongly recommend that they don't. The Sudbury Park and Recreation Department will not be held responsible for any lost, stolen or broken equipment. Cell phones can only be used with the permission of one of the counselors.

Hand-held devices and iPods are only allowed to be used while participants are traveling on the bus.

SPENDING MONEY



Spending money is optional! Many of our trips take us to places where kids can buy snacks, lunches or souvenirs but it is the parent's choice as to whether or not you want your children to make those types of purchases. Bringing large amounts of spending money is discouraged. Many campers will bring money to buy lunch or a snack when we are out and about, however, a good portion of kids will bring a bagged lunch for the day. An e-mail will be sent out prior to the first day of camp to indicate the days when bringing lunch from home is the only option and when buying snacks/lunch is available. We also encourage you to remind your children not to share or lend money to other campers because this can lead to awkward situations.

CLOTHING & FOOTWEAR

Our program philosophy supports active adventures. For this reason, we request that your child wear comfortable clothes to camp. We also suggest sending your child in sneakers because they will be doing a lot of walking and running around. Although sandals are cool, they can prevent kids from participating and can become uncomfortable after a long period of time.



SUNSCREEN

Your child should come to camp wearing sunscreen. It is also recommended that they bring some with them so that they can reapply it throughout the day. Hats are also a good idea to keep kids safe from the hot sun.

BEHAVIOR MANAGEMENT

The staff fosters good behavior by creating a trusting environment that promotes appropriate behavior. Expectations are realistic and limits clearly explained and supported by the environment. When behavior problems occur, attempts are made to redirect the child to more appropriate behavior. In extreme cases, the child may need to be separated from the group (time out). The camp director is notified whenever a behavior becomes hard to manage and/or when a parent must be notified of the child's behavior in a formal manner.

MEDICAL FORMS AND HEALTH ILLNESS INFORMATION

You must fill out the Park and Recreation Health History forms, which are available in this packet, and return it to the Park and Recreation Office **before Friday, May 29th**. If your child will need medication administered during the course of the week please arrive early on the first day of camp so that your child's needs can be discussed.



If a child is contagious, or not feeling well enough to participate in group activities, he/she must remain at home. When a child becomes ill at camp, we will do our best to reach you while keeping your child as comfortable as possible. This may mean separating him/her from the group. Due to the nature of the camp it is very difficult for parents to come and get a sick child so if your child is not feeling well in the morning please do not send them for the day.



RAINY DAY PROCEDURE

If there is inclement weather, the Sudbury Adventure Program staff has a rainy day plan ready to go to keep your children active and still having fun even if it's not in the sun. Just because it's a rainy day doesn't mean it's going to be a boring day! If we know in advance that the weather is going to be bad, we will give parents an updated schedule of where we will be going and what we will be doing.

Thank you,

Jessica Bendel
Town of Sudbury
Youth Coordinator

Sudbury Adventure Program

Health History and Examination Form

Dates of Program Attendance: Session **I** **II** **III**
IV **V** **VI**

For Children, Youth and Adults

Mail this form to the address below:

Attending Camps FM 08N

Developed and approved by
American Camping Association ©
American Academy of Pediatrics

Sudbury Park and Recreation
40 Fairbank Road
Sudbury, MA 01776

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history (first three pages)

must be filled out by parents/guardians of minors or by adults themselves. Update required annually. Health exam (back page) must be completed by approved licensed medical personnel at least every two years.

Name _____ Birth Date _____ Age _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security Number of participant _____ Gender: ☐ Male ☐ Female

Custodial parent/guardian _____ Phone _____

Home address _____
(If different from above) Street Address City State Zip

Business Address _____ Phone _____
Street Address City State Zip

Second Parent or guardian or emergency contact _____

Address _____ Phone _____
Street Address City State Zip

Business Address _____ Phone _____

If not available in an emergency, notify:

Name _____

Relationship _____ Phone _____

Address _____
Street Address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name _____ Group# _____

Important --- Theses boxes must be complete for attendance*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Signature of parent/guardian _____
Printed Name _____ Date _____

I give permission to arrange necessary related transportation for me/my child.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for our trips.

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer _____ Date _____

**If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

Copyright 1983 by American Camping Association, Inc. Revised 1990, 1992, 1994, 1995, 1996, 1998, 1999, 2000, 2001.

HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide our health care personnel the background to provide appropriate care. Keep a copy of the

completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival. Provide complete information so that we can be aware of your needs.

ALLERGIES List all known. Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

Other allergies (list) ---include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Our nurse will handle all medications during each session. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

_____ This person takes NO medications on a routine basis.

_____ This person takes medications as follows:

Med #1	Dosage	Specific times taken each day
Reason for taking		
Med #2	Dosage	Specific times taken each day
Reason for taking		
Med #3	Dosage	Specific times taken each day
Reason for taking		

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

RESTRICTIONS

The following restrictions apply to this individual.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	_____	_____	17. Ever had problems with joints being e.g., knees, ankles)?	_____	_____
2. Have a chronic or recurring illness/condition?	_____	_____	18. Have an orthodontic appliance brought to camp?	_____	_____
3. Ever been hospitalized?	_____	_____	19. Have any skin problems (e.g., itching rash, acne)?	_____	_____
4. Ever had surgery?	_____	_____	20. Have diabetes?	_____	_____
5. Have frequent headaches?	_____	_____	21. Have asthma?	_____	_____
6. Ever had a head injury?	_____	_____	22. Had mononucleosis in the past 12 months?	_____	_____
7. Ever been knocked unconscious?	_____	_____	23. Had problems with diarrhea/constipation?	_____	_____
8. Wear glasses, contacts or protective eye gear?	_____	_____	24. Have problems with sleepwalking?	_____	_____
9. Ever had frequent ear infections?	_____	_____	25. If female, have an abnormal menstrual history?	_____	_____
10. Ever passed out during or after exercise?	_____	_____	26. Have a history of bed-wetting?	_____	_____
11. Ever been dizzy during or after exercise?	_____	_____	27. Ever had an eating disorder?	_____	_____
12. Ever had seizures?	_____	_____	28. Ever had emotional difficulties for which professional help was sought?	_____	_____
13. Ever had chest pain during or after exercise?	_____	_____			
14. Ever had high blood pressure?	_____	_____			
15. Ever been diagnosed with a heart murmur?	_____	_____			
16. Ever had back problems?	_____	_____			

Please explain any "yes" answers, noting the number of the questions.

Which of the following has the participant had?	Please give all dates of immunization for:								
	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
_____ Measles	DTP		_____	_____	_____	_____	_____	_____	_____
_____ Chicken pox	TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____	_____
_____ German measles	Tetanus		_____	_____	_____	_____	_____	_____	_____
_____ Mumps	Polio		_____	_____	_____	_____	_____	_____	_____
_____ Hepatitis A	MMR		_____	_____					
_____ Hepatitis B	or Measles		_____	_____					
_____ Hepatitis C	or Mumps		_____	_____					
	or Rubella		_____	_____					
TB Mantoux Test	Haemophilus influenza B		_____	_____	_____	_____			
Date of Last Test _____	Hepatitis B		_____	_____	_____				
Result: _____ Positive _____ Negative	Varicella (chicken pox)		_____	_____					

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Health Care Recommendations by Licensed Medical Personnel

I examined this individual on _____. (ACA accreditation requirements specify exams within 24 months of camp attendance. Individual camps may require annual exams. A new exam is not necessarily required for camp attendance.)

BP _____ Weight _____ Height _____

In my opinion, the above applicant (please circle) **IS** **IS NOT** able to participate in an active summer program.

The applicant is under the care of physician for the following conditions

Recommendations and Restrictions

Treatment to be continued

Medications to be administered (name, dosage, frequency)

Any medically-prescribed meal plan or dietary restrictions

Known allergies

Description of any limitation or restriction

Additional information for health care staff

Signature of Licensed Medical Personnel

Printed _____ Title _____

Address _____

Phone _____ Date _____

For staff use only

Screening Record

Date screened _____ Time _____ am

Meds received _____ pm

Updates/additions to health history noted ☐ Yes ☐ No ☐ None required

Current health needs identified _____

Observational notes _____

Screened by _____

AUTHORIZED PERSONS TO PICK UP CHILD

The following people are authorized to pick up my child, _____ from the Sudbury Adventure Program. I understand that the Sudbury Park and Recreation Department is not responsible for any occurrences and/or accidents taking place off the Sudbury Adventure Program location (Fairbank Community Center). Please include any adults over age 18 living in your household.

Signature of Parent/Guardian: _____ Date: ____/____/____

My child will be attending the Sudbury Adventure Program during session:

I _____ II _____ III _____ IV _____ V _____ VI _____

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Relationship to Child: _____

Relationship to Child: _____

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Relationship to Child: _____

Relationship to Child: _____

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Relationship to Child: _____

Relationship to Child: _____

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Relationship to Child: _____

Relationship to Child: _____

Please list any individual(s) who is LEGALLY DENIED access to your child:

To avoid problems at pick-up time, please include anyone who may ever possibly pick up your child. A written consent letter is required for pickup by anyone not on this list. Please remember to include car pool members.

SUDBURY ADVENTURE PROGRAM 2009

PARENT CHECKLIST & STATEMENT OF UNDERSTANDING

Dear Sudbury Adventure Program Parent,

Things you can do to help us:

- ❖ **Read your Parent Handbook**
- ❖ **When your child will be absent please call (978) 639 -3227 or e-mail youth@sudbury.ma.us**
- ❖ **Keep us informed about any problems, changes in health or routine, or anything that might affect your child while in our care.**
- ❖ **Arrive on time**
- ❖ **Pick up on time**

Enclosed are the necessary forms for my child's upcoming Sudbury Adventure Program experience. I have completed and enclosed the:

_____ **Health History**
_____ **Authorized Pick-Up Form**

I understand that all paperwork, completed in its entirety, is due by May 29th and that my child will not be allowed to participate at Sudbury Adventure Program if the necessary forms have not been submitted.

I acknowledge that by having previously signed the enrollment application, I have agreed to the liability waiver and the fact that my child's picture may appear in promotional material.

I have also read and am aware of your policy regarding refunds. Included is the understanding that if my son or daughter is asked to leave, a refund is not available.

Signed _____

Date_____

SUDBURY PARK & RECREATION DEPARTMENT

EARLY DROP OFF

SIGN-UP FORM

Early drop off is 8:00-9:00am. The cost is \$5 per child per day. Counselor supervision will be provided for early care, but no structured activities will be provided, it will be like recess. Please be aware that we cannot provide care any earlier than the scheduled times for this program.

Child's Name: _____ Phone: (____) - ____ - ____

Please circle which days you would like either Early Drop-Off or Extended Day

EARLY DROP-OFF

Session I
July 6th-10th

M	T	W	T	F
6	7	8	9	10

Session II
July 13th-17th

M	T	W	T	F
13	14	15	16	17

Session III
July 20th-24th

M	T	W	T	F
20	21	22	23	24

Session IV
July 27th-July 31st

M	T	W	T	F
27	28	29	30	31

Session V
Aug. 3rd-7th

M	T	W	T	F
3	4	5	6	7

Session VI
Aug. 10th-14th

M	T	W	T	F
10	11	12	13	14

METHODS OF PAYMENT: CHECK, CREDIT CARD, OR CASH

Cash: \$ _____

Make check # _____, payable to TOWN OF SUDBURY

Credit Card (Please Circle): VISA or MASTERCARD

Name on credit card: _____ Account #: _____

Expiration Date: ____/____/____ Signature _____