

Owners/Directors
Mitchell & Michelle Kessler

Directors
Bob Rosenberg
Myron Simon



CAMP
gives kids
a world
of good.

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"An Adventure in Camping"

PARENT INFORMATION AND CAMPER FORMS

PLEASE READ AND KEEP FOR YOUR RECORDS

- General Camp Information
- Medical Information and Policies
- Clothing List

REQUIRED CAMPER FORMS

Detach and Return all Forms by May 1st

- Camper Health Form (Annual)
- Camper Personality Profile
- Camper ID / Medical Card with Photo

PLEASE RETURN ALL FORMS BY MAY 1st TO:

Spring Lake Day Camp
234 Conklintown Road • PO Box 176 • Ringwood, New Jersey 07456

IF ANY QUESTIONS, CONTACT US AT:

(973) 831-9000 office • (973) 831-9174 fax • info@springlakedaycamp.com



GENERAL INFORMATION

WELCOME TO SPRING LAKE

A Spring Lake experience doesn't just happen. It takes the combined efforts of a dedicated staff, creative planning, and a clear insight into the needs of children. Spring Lake's programs are designed for campers with diverse interests from ages 3 - 15. Spring Lake is more than a collage of outstanding activities – it is a place in which campers learn to share, accept new responsibilities and values, make friends and explore new experiences. All of these experiences will help campers meet the challenges of their future.

CAMP HOURS

Bus Arrival:	9:00 – 9:15 A.M.
Mini-Day Bus Departure:	1:20 P.M.
Full Day Bus Departure:	4:00–4:10 P.M.

STAFF

Our Spring Lake staff is specially selected for their warmth, expertise and desire to work with children. They bring to Spring Lake their energy, creativity, sensitivity and warmth.

We diligently orient all staff members prior to the camp season. We share our philosophy, warm traditions and camp techniques to ensure a fulfilling camp experience for everyone. A key element to the success of Spring Lake's program is the high percentage of returning staff and the ongoing staff training throughout the entire summer. Our experienced staff helps their new colleagues continue the Spring Lake tradition.

Spring Lake staff accepts gratuities. We will send home a suggested tipping guideline before the end of your camper's session.

OFFICE HOURS

Camp Season:

Monday - Friday, 8:00 A.M. - 6:00 P.M.

Off Season:

Monday - Friday, 9:30 A.M. - 5:00 P.M.

Camp tours for prospective families are made by appointment and during pre-announced Open Houses.

VISITATION

Spring Lake has a scheduled visiting day for our junior campers from nursery through first grade. Parents of junior campers will be notified of their child's visiting day during each session.

For security reasons, all other visits are by appointment during certain camp hours. Please call in advance to schedule your visit and notify us in advance if picking your camper(s) up early from camp.

- All visitors at Spring Lake must be announced by the gate guard.
- Parents are asked to identify themselves to the front gate guard. Please park only where our gate guard directs you.
- All parents must report to the office prior to visiting, picking up, or dropping off their child(ren).
- All children must be signed **in** as well as **out** in our front office by a parent or guardian. If your child is picked up early, a pick-up slip will be given to the parent in the office and must be handed to the gate guard on their way out of camp.
- If your child is being picked up by another family member or friend, we will require proper identification and notification.
- All visitors on the campgrounds must wear a visitor's pass.
- Please drive slowly as you enter and leave the camp. Watch for children and speed bumps.

(OVER)

GENERAL INFORMATION *(continued)*

CAMP RULES

At Spring Lake, we stress the importance of safety by creating an environment that requires clear-cut goals and values. Children at Spring Lake sense that they are part of an orderly, safe environment and this helps them develop a positive self-image.

In order for campers to derive the most from the many experiences “true camping” offers, we ask our parents to cooperate with us.

- There is absolutely no need for any child to bring money or expensive valuables to camp. Electronic items such as iPods, Walkmen, digital cameras and cell phones or taking photographs on cell phones are prohibited during the camp day. **We will not be responsible for the loss of such items.**
- Campers cannot bring guests to camp at any time for any reason. Medical regulations and liability limitations dictate this policy.
- Campers are encouraged to help keep their bunks neat and clean.
- Routine Bunk Inspection is a part of our tradition. Honor Bunks receive special award plaques.
- We ask all campers to take pride in their camp environment and surroundings.
- Campers are expected to stay with their groups and attend all activities.
- A picture of your child must be on file for identification purposes.

RAINY DAYS

Spring Lake’s policy is to provide a complete camp program on rainy days. Fortunately, we have many indoor buildings, plus a 10,000 square foot covered sports center. Campers move from one building to another to participate in their scheduled activities. Raincoats or rain jackets should be stored in camp for use in inclement weather. Please be sure that your child(ren) has a raincoat at camp.

Special trips may be scheduled, after several days of rain. But, as the saying goes...

“It never rains at Spring Lake!”

MEDICAL INFORMATION

Please review the Medical Information and Policies that is enclosed in this booklet.

Please note: The New Jersey Department of Health requires that a physician examine every camper prior to camp. It is imperative that you sign the bottom of the medical form in case of emergencies. Each camper must have a completed medical form sent to camp no later than May 1st. Every child in camp is covered with an excess (secondary) accident policy at no additional cost to you. Benefits are excess (or secondary) to any other valid and collectible group insurance (i.e. Blue Cross) and will pay any uncovered, unpaid balances or deductibles not covered by a parent’s own primary accident policy.

LOST AND FOUND

Spring Lake Day Camp **cannot be held responsible** for lost personal items but our counselors try hard to ensure that all belongings are properly cared for. Following the guidelines in the Clothing List will help care for them. However, if you find something missing, please send a note to the office giving any details that will help us to locate the missing item. Placing labels on all articles of clothing, towels, etc. will make it easier for us to return to their owners. Baseball gloves and all personal items brought to camp should be labeled.

Discuss care of personal belongings with your child before camp. The younger child should especially be familiarized with his/her camp gear. Children at Spring Lake are encouraged to be independent and care for their personal items.

VAN INFORMATION

Please review the Van Safety Pledge with your child that is enclosed.

Please be understanding about pick-up times for the first week until adjustments, if necessary, can be implemented. We ask all parents not to detain the van by talking with the van driver or van counselor. Please be aware that, if parents talk to the driver or van counselor for two minutes at each stop, it can delay the arrival of the van by a half hour. If you have any questions, please call the office. We will be happy to answer them.

Since there may be more than one Spring Lake van on your street, it is essential that you check the number that is posted on the van before boarding your child. The number will be posted in the front and side windows of the van. All our vans can be identified by a Spring Lake sign. Van counselors have lists of all campers assigned to their van. If your camper will be absent on a day they were scheduled to attend, please call your van counselor or the office in the morning. If there will be a planned absence, please send a note to the office with your van counselor prior to the absence.

The buses leave Spring Lake in the afternoon at approximately 4:00–4:10. After the first few days you will have an idea of the time your child will be home. The van will stop at your home unless other arrangements have been made. An adult member of the household must be home and visibly present to receive your child, unless written permission is on file for your child to enter alone.

RULES FOR VAN CHANGES

All requests for PM van changes, including picking your camper(s) up early, must fulfill the following requirements:

- A. All requests for van changes should be made as early as possible, even a day or two prior, but absolutely no later than 1:00 for PM van changes or 11:00 AM for mini-day camper.

- B. Van changes should be requested only for priority reasons.
- C. All van requests must be in writing or fax, and confirmed by a phone call. Under no circumstances will we place a child on another van without written permission and a confirming phone call from the legal guardian.
- D. Requests will be honored only if we have room on the requested van.

Due to security controls, no exceptions can be made.

LUNCH TIME

Our large dining pavilion gives us the opportunity to serve wonderful hot meals for lunch. The food served at camp is of excellent quality and ample quantity, within the boundaries of nutritional good sense. Our food is professionally catered and individually served. Substitutes are always available.

Our camp menu will indicate what will be served during the summer. Please clearly state on the Personality Form and Medical Form if your child has any specific food allergies. You will receive a copy of our menu prior to camp.

Morning Snacks: Morning snacks, consist of items such as graham crackers, cookies or pretzels.

Afternoon Snacks: Ice cream or ices are served to the entire camp. For campers who are lactose intolerant, ice pops will be provided on a daily basis.

Spring Lake will provide an ice cream party for each camper celebrating a birthday during the summer.

Spring Lake has adopted a “nut-aware” policy for our camp. This includes all nuts, peanut butter and peanut oils. We have many children in camp who have severe, life-threatening allergic reactions resulting from ingesting nuts or even being close to nuts. Unless approved by the Camp Director for your camper’s dietary needs, **no food or snacks can be sent on the bus or to camp.** We appreciate your assistance in keeping all of our campers safe, and healthy by supporting our position.

GENERAL INFORMATION *(continued)*

SWIMMING

Our pools are specifically designed to meet the needs of campers according to their age group.

- All campers are tested during the first few days of camp and placed in groups. **All our lifeguards are American Red Cross Certified.**
- During swim instruction periods, campers are grouped by ability within their own age group.
- Campers at Spring Lake are scheduled for instructional and recreational swim periods and watercraft activities.
- All campers swimming in deep water must wear a “Deep Water ID Bracelet”. Bracelets will be disposable and new ones handed out upon request.
- Swim reports on each child’s progress and level will be sent home periodically.
- Spring Lake Day Camp adheres to the guidelines set forth by the American Red Cross.
- Please assist us by encouraging your child(ren) to participate in all of our aquatic activities.
- Please cooperate with us by excusing your child from swim instruction for medical reasons only and send a note to the office to advise us.

Our policy at Spring Lake is to encourage and motivate children to progress at their own rate.

ADVENTURE TRIP PROGRAM

The Spring Lake Adventure Trip Program for Grades 3 through 10 offers unique experiences. These trips are optional and require additional fees, which reflect the price of admission, supervision and transportation costs. We make every effort to keep the prices as reasonable as possible. Our trip program enrolls campers on a first-come first-serve basis. No reservations will be accepted without trip forms and payment. **In order to uphold the best supervision and security, we require that campers enrolling in the trip program have a current Spring Lake travel T-shirt and**

recommend a camp sweatshirt for overnight trips.

This is essential when traveling off campus. Every child must wear a trip shirt as he or she boards the bus - there will be no exceptions.

COMMUNICATION

At Spring Lake we believe that a close relationship between the camp and parents helps enhance each child’s summer experience. We are always available to address any questions or concerns regarding your child(ren).

- Group Leaders and Directors are available to speak with you prior to the camp season to discuss your child(ren)’s personal needs and concerns.
- Group leaders will be in contact with parents during the summer.
- Bus communication envelopes will be mailed to all camp families. You can communicate with us in writing by handing the envelope to your child’s van counselor.
- Group Leaders and Directors are out on the grounds observing and overseeing the camp programs. Therefore, all calls will be returned after 4:00 pm.
- Meet & Greet: Special night for all new campers and their parents to explore the joys of camp. All administrators are available to answer questions concerning Spring Lake.
- Junior Camp letters are sent to update you as to your child’s progress periodically throughout the summer.
- We will be using Bunk1.com again this summer for our photo galleries as well as our weekly newsletter. This service is provided free of charge and is password-protected. A password will be sent home during the first week of camp along with directions for using the site.
- The Springboard: Eight weekly newsletters reporting all the exciting Spring Lake news will be sent home on the vans or available online through Bunk1.com. Updates and/or changes to schedules, events, etc. will be sent home on the van.



MEDICAL INFORMATION AND POLICIES

Please read and keep for your records.

OUR HEALTH OFFICE

We would like to take this opportunity to tell you about the nursing staff and their duties here at Spring Lake. It is the goal of the Spring Lake Health Office to provide all of our campers with a very happy and healthy summer season.

There are at least 2 full time Registered Nurses at Spring Lake at all times. They will be reviewing all medical forms prior to the start of camp. **Please make sure that all medical forms are current for the upcoming summer and both sides are filled out completely, especially the allergy information section. The back of the health form must be filled out and signed by a Licensed Physician.** Also, please make sure your emergency contacts and numbers are up to date. All of this information is important and absolutely necessary in the event of an emergency. Please notify the office promptly of any changes to emergency contacts and/or numbers. **These forms must be returned to the office by May 1st. If your camper's birthday is after May 1st and during camp, please return the front side of the Health Form by May 1st and notify the office the date your camper's annual physical is scheduled.**

Each camper MUST have an updated medical form completed for the CURRENT CAMP YEAR OR WILL NOT BE ADMITTED TO CAMP.

If your child requires medications to be administered during camp hours, please follow the medication policy in this handbook.

MEDICATION POLICY

Children may **NOT** carry any medications, including over the counter medication, on their person. All medications sent to camp are to be given by the parent to the van counselor, who is responsible to deliver and

retrieve all medications to/from the Health Office. Do not place medication or messages for camp in a child's back pack as they must be handed to the van counselor. Medications to be given in camp are to be brought on the first day and will go home on the last day of your child's session. Please specify if medications are to be sent home daily.

ADMINISTERING MEDICATION

Medications will be administered provided they are sent to camp in the original container, labeled with the child's name, proper dosage, and time to be given **exactly** as it came from the pharmacy. The parent/guardian **must** send a signed authorization with full instructions. The Doctor **must** confirm via prescription any changes to the dosage. Inhalers must be labeled in the original box with pharmacy label.

No medications (except Tylenol with written parental consent) will be administered under any circumstances other than those outlined in this handbook.

OVER-THE-COUNTER MEDICATION

If your child requires Benedryl, Advil, inhaler, ear-drops, or any over-the-counter medication, your child's physician **must** authorize this on the back of the medical form. The parent/guardian **must** send a signed authorization with instructions. Label the medication with your child's name, and it will be kept on hand during your child's session. In the event it becomes necessary to treat your child, you will be notified.

EPI-PEN

If your child requires use of an Epi-pen, the parent/guardian must provide it on his/her first day of camp with complete orders from the child's physician. The Epi-pen must be labeled exactly as it came from the pharmacy. In the event it becomes necessary to treat your child using the Epi-pen, it is our policy to immediately treat your child by our nursing staff and then transported to the nearest emergency room by ambulance for further evaluation and stabilization.

(OVER)

IN THE CASE OF EMERGENCY OR ILLNESS

In the event of a medical emergency that cannot be treated on camp premises, the nursing staff will contact you immediately. You will also be contacted if your child has a temperature of 100 degrees or higher, as they will have to go home. This is a Board of Health policy that must be followed. These children should not return to camp unless they have been **fever free for 24 hours**. In the event of vomiting or diarrhea, we ask that your child remain home for 24 hours so as to prevent spread of virus and/or infection. If your child has been sent home from camp with any of these symptoms, please keep them home the following day or until they have been free of symptoms for a 24-hour period. Also, if your child becomes ill in the morning, we ask that you keep him/her home for the day. In addition, the nursing staff will also notify you of any health concerns we feel you should be made aware of.

NUT AWARENESS

Spring Lake Day Camp has adopted a “nut-aware” policy for our camp. This includes all nuts, peanut butter and peanut oils. We have many children in camp who have severe, life-threatening peanut allergies, resulting from ingesting nuts or even being close to nuts.

Every attempt is being made to insure that all food served in camp is nut-free. We are asking our parents to support this policy. Unless you have received permission from the Camp Director because of your camper’s dietary needs, **we ask that you not send any food or treats to the camp or on the bus.**

Many day camps and schools have already instituted “nut free policies”. We appreciate your assistance in keeping all of our campers safe and healthy.

IF YOUR CHILD HAS ASTHMA

All children with asthma **must** have an inhaler sent with them, via the van counselor, on the first day they attend

camp. This inhaler will be kept in the Health Office for use during camp. If your child goes on a camp trip, the inhaler also goes with them.

The camp has a nebulizer. If your child uses or may require a nebulizer, you must send your own tubing, mask and nebulizer medication which must arrive in its proper container labeled from the pharmacy with the doctor’s orders. It will be stored in the Health Office and used, **for your child only**, as directed by your physician.

It is the camp policy that no children carry their inhalers except under the following conditions:

1. The child is 11 years old or older

AND

2. There must be specific **Doctor’s Orders** indicating the child has been properly instructed as to the use of the inhaler independently and may carry it while at camp. This order can be sent on a separate form or your doctor may include it on the back of the child’s medical form.

All inhalers sent to camp should be properly labeled and in the box just as it came from the pharmacy. Inhalers are only used for the child whose name appears on the box. If the orders for the use of the inhaler change from what is indicated on the box, we will need a new prescription or a new doctor’s order.

Remember to make an appointment with your doctor. All medical forms must be for the current camp year, signed by a Licensed Physician and submitted by May 1st unless the office has been notified otherwise. The Board of Health requires that all current phone numbers, parent or guardian contact and emergency information as well as the child’s immunizations and health history must be updated annually. All of this is required for the form to be complete.



SPRING LAKE DAY CAMP

CLOTHING LIST

We are pleased to be using **The Camp Spot** as our clothing distributor. The Camp Spot can address all of your Spring Lake Day Camp clothing needs and can be reached from 10:00 am - 5:00 pm. They will be more than happy to assist you with your camp gear needs. Please call them directly at **1-800-705-CAMP**.

- Spring Lake requires that all campers, up to and including campers entering **5th grade**, wear a Spring Lake shirt to camp each day.
- **All campers will receive TWO complimentary camp shirts.**

In order to obtain your complimentary shirts, you must order them from the Camp Spot.

- Campers entering the **6th grade and up** do not need to wear a Spring Lake shirt to camp each day, but can choose between the standard shirt and the travel T-Shirt for their complimentary shirts.
- We suggest an additional three shirts be purchased.
- **All campers from the 3rd-10th grade who are participating in the Adventure Travel Program must purchase a current year Spring Lake Day Camp travel T-shirt to wear out of camp (no exceptions). We recommend campers participating in an overnight trip purchase a Spring Lake sweatshirt.**

Campers will be provided with an individual cubby to store all clothing items. **All clothing and personal equipment must be labeled or marked with the camper's name.** It is hard for us to find and return lost clothing if it is not properly identified.

Campers are asked to bring 2 bathing suits and a towel to camp each day. These items will be brought home at the end of each camp day. Please put your **name and group name** on your Spring Lake bag or backpack. We also suggest you send the articles listed below to be left in camp. Please note if a raincoat, long

pants or jacket is worn home, it should be sent back the following day.

ITEMS TO BE BROUGHT ON THE FIRST DAY AND LEFT IN CAMP:

- A complete change of clothing, including underwear
- Bathing suit and a towel
- A pair of long pants
- A sweatshirt or light jacket
- A poncho or raincoat with a hat
- A pair of sneakers
- A hat
- A tube of sunscreen

Spring Lake will provide tennis rackets and baseball gloves. However, you may provide your own, if you wish, but please label each item. (Please do not bring hockey sticks.)

EVERYDAY FOR CAMP:

- **Apply sunscreen to your child in the morning before Camp.** Sunscreen will be reapplied at your request after each swim. Please remember to send in a labeled bottle of sunscreen for your child.
- **Sneakers are required footwear.** Children should not wear sandals, thongs, or any open-toe shoe that does not provide complete foot protection.

Please understand that Spring Lake **cannot be held responsible** for the loss or damage of valuable items. It is in this light that we ask that anything of value remain at home. Thanks for your understanding.

If you have any questions please do not hesitate to call us at 973-831-9000



PO Box 176, Ringwood, New Jersey 07456 • (973) 831-9000 office • (973) 831-9174 fax

VAN SAFETY PLEDGE

Thousands of children ride to and from camp each summer on buses that have been designed with safety and comfort in mind. It is important that we have the understanding, active participation and cooperation of our Spring Lake parents in maintaining and improving camp van safety.

Please read carefully and review with your children the van rules and procedures outlined here.

PLEASE NOTE: No eating or drinking is allowed on the van.

VAN PROCEDURES AND PERSONAL BEHAVIOR RULES:

1. Parents are requested to walk their child to the van.
2. Once seated, fasten your seat belt. If you are unable to do this, your van counselor will help. Seat belts must remain fastened the entire ride.
3. You must remain in your seat the entire ride to and from camp.
4. Keep your feet, carry-on bags and other personal belongings out of the aisle. Never block the exit door.
5. Always keep your voice at a low level when talking with friends.
6. Never put your head or hands or throw objects in or out the van windows.
7. Never spit or use obscene or offensive language or gestures.
8. If you have a problem with someone on the van, please discuss it with your van counselor.
9. If you have a problem with the van ride, please do not discuss this with the van driver. Parents should call the office.
10. Walk in a single line when getting off of the van. Please make sure to take your back pack and personal belongings off the van with you. We are not responsible for any items left or lost on the van.
11. Your van counselor and driver are in charge of the van.
Please listen to their directions and help them provide a safe ride to and from camp.

Spring Lake campers are known to be cooperative and respectful. It is very rare that we have to speak to a camper about inappropriate or dangerous behavior on the van. Please be aware that severe misbehavior on the van, such as actions that endanger the health and safety of the passengers and/or the driver, might result in a suspension of van service to and from camp. Such behavior includes fighting, disorderly conduct, disrespect to the van counselor or driver or destruction of property.



CAMPER HEALTH FORM

Please return fully completed form (both sides) no later than May 1st

PO Box 176, Ringwood, New Jersey 07456 • (973) 831-9000 office • (973) 831-9174 fax

Each camper MUST have a fully completed medical form for the **CURRENT CAMP YEAR** or will not be admitted to camp.

This side to be completed by parent/guardian. Please print/type. Return fully completed form (both sides) to above address.

Name _____ Birth Date _____ Age at Camp _____ M F
Last First M.I.

Siblings at Camp _____

Parent/Guardian _____ Home Phone () _____

Home Address _____ City _____ State _____ Zip _____

Bus. Phone () _____ Cell Phone () _____ Fax () _____

Second Parent/Guardian _____ Home Phone () _____

Home Address _____ City _____ State _____ Zip _____

Bus. Phone () _____ Cell Phone () _____ Fax () _____

IF PARENT IS NOT AVAILABLE IN AN EMERGENCY, CHILD MAY BE RELEASED TO: Name _____

Relationship _____ Home Phone () _____ Cell Phone () _____

Name of Dentist/Orthodontist _____ Phone () _____

Health Insurance Carrier _____ Phone () _____ ID# _____ Group # _____

GENERAL QUESTIONS: Please explain "yes" answers below.

- | | Yes | No | Yes | No |
|--|--------------------------|--------------------------|---|---|
| Has/does the participant: | | | | |
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Ever had chest pain during or after exercise? | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Have a chronic or recurring illness / condition? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Ever passed out during or after exercise? | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever been dizzy during or after exercise? | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ever had high blood pressure? | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Ever been diagnosed with a heart murmur? | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> | 19. Ever had back problems? | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Ever lost consciousness for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | 20. Ever had problems with joints (e.g., knees, ankles)? | <input type="checkbox"/> <input type="checkbox"/> |
| 8. Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have any skin problems (e.g., itching, rash, acne)? | <input type="checkbox"/> <input type="checkbox"/> |
| 9. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Had problems with diarrhea/constipation? | <input type="checkbox"/> <input type="checkbox"/> |
| 10. Wear glasses, contacts or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> | 23. If female, have an abnormal menstrual history? | <input type="checkbox"/> <input type="checkbox"/> |
| 11. Have an orthodontic appliance being brought to camp? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Ever had an eating disorder? | <input type="checkbox"/> <input type="checkbox"/> |
| 12. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Ever had emotional difficulty for which professional help was sought? | <input type="checkbox"/> <input type="checkbox"/> |
| <i>If yes, health care provider orders signed by a doctor must be submitted.</i> | | | 26. Ever receive special services during the school year? | <input type="checkbox"/> <input type="checkbox"/> |
| 13. Ever had frequent ear infections? | <input type="checkbox"/> | <input type="checkbox"/> | | |
- Please explain any YES answers! _____

IMPORTANT: THIS AREA MUST BE COMPLETED! I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for 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. This completed form may be photocopied for trips out of camp.

- I do do not give permission for the camp nurse to administer Tylenol® (acetaminophen) if necessary.
 I do do not give permission for the camp nurse to administer Advil® (ibuprofen) if necessary.

Nursing staff may not administer ANY other medications without a doctor's order including over-the-counter items such as ear drops, cortisone cream, etc.

Spring Lake Day Camp is licensed by the New Jersey State Department of Health, and is inspected annually. Inspection reports are filed in the Camp office.

NAME OF PARENT/GUARDIAN (PRINT) _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

THIS SIDE TO BE COMPLETED BY PHYSICIAN: Please print legibly or type

Spring Lake Day Camp • PO Box 176 • Ringwood, New Jersey 07456 • (973) 831-9000 office • (973) 831-9174 fax

Camper's Name _____ Birth Date _____

I examined this individual on _____. (ACA accreditation requirements specify exams within 12 months of camp attendance.)
BP_____ Weight_____ Height_____ In my opinion, the above camper is is not able to participate in an active camp program.

The camper is under the care of a physician for the following condition(s): _____

If camper has diabetes, health care provider orders for diabetes maintenance must be submitted.

IMMUNIZATIONS (Please indicate month/year)

DPT						
TD						
MMR						
HiB						
Hepatitis B						
Varicella (chicken Pox)						
Polio						

Has the camper had any of the following:

- Measles Chicken Pox Mumps
- German Measles Hepatitis A Hepatitis B
- Hepatitis C Other _____

Allergies: None Yes (indicate below)

- Asthma Hay Fever Penicillin
- Dairy Soy Wheat
- Peanuts Tree Nuts Poison Ivy
- Insect Stings Bee Stings Other _____

TB Mantoux Test: Date of Last Test: _____ Result: Positive Negative

To the best of my knowledge, there Is Is not a medical contraindication to administering acetaminophen (Tylenol® and Ibuprofen)

Describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or conditions while at camp. _____

Describe any camp activities from which camper is exempted. _____

Describe any current treatments to be continued at camp including bronchial inhaler, bee sting kit, epi-pen or other health related device. _____

List all current medications to be administered at camp; prescribed or over-the-counter including name, dosage, route and frequency. _____

Describe any dietary restrictions. _____

List all known allergies. _____

Licensed Physician's Name (Please print or stamp below): _____ **Signature** _____

Address _____ Phone () _____

Date of completion of this form: _____ Completed by _____



CAMPER PERSONALITY PROFILE

Please return no later than May 1st

PO Box 176, Ringwood, New Jersey 07456 • (973) 831-9000 office • (973) 831-9174 fax

Camper's Name _____ Session _____

Date of Birth (mo/day/yr) _____ Age _____ Last Year's Group _____

My child is attending Spring Lake for the first time

My child has had previous camp experience

1. Please describe your child's feelings about attending camp this summer:

2. Which activities do you think your child would enjoy the most?

3. How would you describe your child's peer relationships?

4. In what areas do you think your child needs encouragement?

(OVER)

5. What are your major expectations for your child's summer?

6. Has your child set any personal goals for the summer?

7. Have there been any major events or significant situations that the camp should be aware of?

8. Does your child communicate his/her feelings about being:

Unhappy Not feeling well Homesick Concern about siblings at home

Additional comments:

9. Is your child taking any medications on a regular basis during the year? Yes No

If yes, denote medication, dosage and any changes during the summer:

10. Has your child received any special services during the school year? Yes No

If yes, please specify:

11. Are there any special eating habits or food allergies? Yes No

If yes, please describe:

12. **Swim Instruction:** (This section mainly geared toward Pre-K through 1st grade)

Does your child have a fear of water? Yes No

Highest level card earned in a Red Cross Swim Program (if known)? _____

Our swim instructors are trained never to coerce a camper.

Please check the box below which you want applied toward your child:

Strongly encourage swim instruction Mildly encourage swim instruction

Parent Signature _____ Date _____



CAMPER IDENTIFICATION & MEDICAL INFORMATION CARD

PO Box 176, Ringwood, NJ 07456 • (973) 831-9000 office • (973) 831-9174 fax

PARENTS:

Please Place
Camper's
Photo Here

Camper Name _____ M F

Date of Birth _____ Age _____ Group _____

Parent/Guardian Last Name _____ First Name _____

Street Address _____ City/State/Zip _____

Home Phone _____ Mom's Cell Phone _____ Dad's Cell Phone _____

Mom's Work Phone _____ Dad's Work Phone _____ Beeper/Other _____

Emergency Contact Last Name _____ First Name _____

Emergency Phone _____ Relationship _____

Doctor's Name _____ Doctor's Phone _____

Do you carry family medical/hospital insurance? Yes No Carrier _____ Policy or Group Number _____

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the child named above. 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. This completed form may be photocopied for trips out of camp.

Signed _____ Date _____

Parent/Guardian Signature _____ Date _____

**COMPLETE
REVERSE SIDE!**



Camper's Last Name _____ First Name _____

Date of most recent Physical Examination _____ Date of LAST Tetanus Examination _____

Is your child receiving treatment / medication for a current illness? Yes No If yes, please describe _____

Will this illness impair any activities on trips? Yes No

What medication will your child be taking? Give full details as pertains to dosage and administration. _____

Does this medication limit him / her to certain activities? Yes No

Are there any side effects from the medication that we should know about? Yes No If yes, please list _____

Does your child travel with a bronchial inhaler, bee sting kit, epi-pen or other health related device? Yes No

If yes, what device? _____ Is this device used on a daily basis? Yes No

If epi-pen, please explain the use _____

Does your child have diabetes? Yes No If yes, how often does your child need to test? _____

Please explain any special diabetic needs _____

Is your child allergic to any medications? Yes No If yes, please list _____

Does your child have any dietary restrictions? Yes No If yes, please describe _____

Does your child have any dental problems of which we should be aware? Yes No If yes, please list _____

Dentist Name _____ Phone _____

I do do not give permission for the camp nurse to administer Tylenol (Acetaminophen) if necessary.

I do do not give permission for the camp nurse to administer Advil (Ibuprophen) if necessary.

Additional health information: _____