

Camp Huntington, Summer 2009

Summer Preparations Checklist

Please MAIL all underlined items to:

Camp Huntington, 56 Bruceville Rd, High Falls, NY 12440

Phone: 866-514-5281, or Camp Office: 845-687-7840; Fax: 845-853-1172

Please follow the checklist below carefully. Complete and return to us ALL the underlined forms at least **SEVEN business days prior** to your child's attendance; your child will not be admitted without their completion; a \$250 late forms fee will be charged. It is **YOUR** responsibility to check with the camp to make sure we have your forms. Check off the completed underlined forms and mail/fax back the above address. Keep a copy of everything you mail to us for your records. We **MUST** have your original signature on any underlined forms or ones requiring parent signature.

___ 1 - Camp Enrollment Agreement, as stated in Camper Application

___ 2 - Preparation for Camp form, important details and instructions

___ 3 - CampMeds, Inc Forms (**new medication service, 3 Documents**)

___ 4 - Medical forms 1 and 2; both **MUST** be reviewed (and FORM 2 signed) by a licensed physician (required by NY State health department).

___ 5 - Over-The-Counter, OTC or PRN, Medications form, (physician's signature required.)

___ 6 - Meningococcal form

___ 7 - Asthma Information (only if your child has Asthma)

___ 8 - Photo Release form

___ 9 - Camper clothing and camp items list/Inventory form

___ 10 - Items to Send and Not to Send

-Clothing Labeling: please scan the web for resources. Sewn labels or hand-written are best; stick-on labels fall off in the dryer. For hand-written: write on the clothing label, your child's first initial and full last name of first 4-5 letters; please print. Please note that during camp bulk laundry service and daily activities, clothing items may get lost or ruined, so we advise against sending any high-cost items, and to expect some lost items.

Print Parent Name: _____ Child's Name: _____

Parent Signature: _____ Date: _____