

Camp Huntington, Summer 2011 **Summer Preparations Checklist (Prep Forms)**

Please complete and MAIL all underlined items to our campus office:

56 Bruceville Road, High Falls, NY 12440

Ph: 866-514-5281; Fax: 845-853-1172

-All underlined forms below are required to be completed and returned to our office by June 1, 2011; your child will not be admitted without them; a \$250 late forms fee will be charged for forms received after June 1st, unless your child enrolls after that date.

-Enrollments after June 1st: prep forms are due immediately. It is YOUR responsibility to check with us to make sure we have received your child's forms; check your KidsMedsPack order to ensure it's been correctly filled and received by our campus office; check that your child's non-KidsMedPacks medication orders are delivered to the camp at least 7 days prior to attendance.

-Complete underlined items below and mail back with this completed list to our campus office. You can email us a set, but we MUST keep on file original signature documents. Make copies for your records, and to safeguard against mail loss. Thank you.

___1 - Camp Enrollment Agreement; as stated in Camper Application

___2 - Preparation for Camp form; arrival and departure details and other vitals

___3 - KidsMedPacks, Medication Packaging Company Forms (**new service, 2 Documents; the first is a Letter to Parents, the 2nd, a Medication Request Form**)

___4 - Camp Medical Forms 1 and 2; review both; FORM 2 must be signed by a licensed physician (required by NY State Health Department to use the camp's own medical forms, other forms are not accepted).

___4a - Health Insurance Card; send front/back copies, must be accepted in NY State.

___5 - Over-The-Counter Meds Form: OTC or PRN Meds form, (physician's signature required.)

___6 - Meningococcal form (required for all, NY State law)

___7 - Asthma Information (only if your child has Asthma)

___8 - Photo Release form (required for all)

___9 - Camper clothing and camp items list & Inventory form (pack in your child's bag)

___10 - Items to Send and Not to Send letter (important to review)

-**Clothes Labeling**: please scan the Internet for resources. Sewn labels or hand-written is best; stick-on labels fall off in the dryer. For hand-written: print on clothing label, child's first initial and last name. Please note that bulk laundry services and daily activities may cause damage to clothing items; we advise against sending high-cost items; clothes loss and damage is common.

Child's Name (Print): _____ Parent's Name (print): _____

Parent Signature: _____ Date: _____

CAMP HUNTINGTON ENROLLMENT AGREEMENT

Return to camp by June 1, 2011

This agreement ("Agreement") is entered into by and between Camp Huntington, Inc., a New York Corporation (hereinafter "Huntington"), operating as Camp Huntington, a licensed program which is described in the program materials that Sponsor has received previously and which is made a part of this Agreement by reference (the "Program") and _____parent(s) and/or guardian(s) of the Camper (hereinafter the "Sponsors"). Sponsors' address is _____ and phone is: _____.

In consideration of the mutual promises set forth in this Agreement, Huntington and Sponsor (hereinafter the "Parties") mutually agree as follows:

1. **SPONSOR'S REPRESENTATIONS.** Sponsor warrants that Sponsor is the legal parent(s) and/or guardian(s), having legal custody, of the following child: _____ (full and preferred name), whose birth date is _____ (hereinafter the "Camper"), and that Sponsor desires to and does hereby contract with Huntington for the Camper's enrollment in the Program according to the terms and conditions of this Agreement. In entering into and performing under this Agreement, Huntington is relying on all representations and promises of the Sponsor contained or expressed in this Agreement and all other documents and information sheets from Sponsor to Huntington, and Sponsor expressly warrants the truth and accuracy of the same.

2. **ENROLLMENT OF THE CAMPER.** Upon Sponsor's initial payment of the _____processing fee and completion of this Agreement, the Enrollment Application and all related documentation, and upon Huntington's execution of this Agreement, Huntington shall review the Camper conditionally for enrollment in the Program, subject to the terms and conditions of this Agreement. Sponsor acknowledges and agrees that Huntington's conditional acceptance of the Camper is subject to the personal evaluation and screening process conducted by Huntington. If the Camper satisfies Huntington's screening criteria, Huntington shall accept the Camper and, except as otherwise provided herein, permit the Camper to enter the Program. If the Camper fails to satisfy Huntington's screening criteria, Huntington will return the deposit.

Tuition or deposit is refundable only until May 1st, 2011, less a registration fee of \$450. No allowance shall be made for late arrivals or early departure of camper. Any camper who has great difficulty in adjusting to camp life or who proves to be a detriment to self or others may be discharged at the Director's discretion. Tuition refund for early departure of any kind is subject to a 50% pro-rated refund. Parents agree not to hold the camp responsible for program cancellation, and/or changes in opening or closing dates of camp, for any reason. The director, based on review of a child's needs during an interview, may assess extra attention fees, or for needs that arise during a camper's stay. Extra fee amounts are listed on our enclosed payment plans sheet. 1:2 Supervision required for any Seizure history.

3. **TERM OF AGREEMENT/CUSTODY.** Assuming the Camper is accepted into the Program, the term of this Agreement shall be a minimum of _____ beginning with the Camper's arrival in High Falls, New York, now anticipated on _____ (the "Arrival Date"). **On the Arrival Date, Sponsor shall transfer, by a Power of Attorney in the form received and executed by Sponsor, temporary custody of the Camper to Huntington for the duration of the Agreement, unless either party terminates this Agreement prior thereto by giving written notice to the other party pursuant to paragraphs 11A or 11B herein or until the Camper attains the age of eighteen (18), unless the Camper (a) has otherwise been placed in the custody of Huntington by a court of proper jurisdiction or (b) voluntarily consents in writing to remain in the Program for any period of time beyond said eighteenth (18th) birthday.**

4. **PROGRAM COSTS AND PAYMENT TERMS.**

Payment Plans and Schedules 2011 Season

- Extra Attention Fees: 1:2 - \$395 per week; 1:1 \$765 per week
- Regular Supervision of 1:3 is included in tuition. (Seizure history; 1:2 supervision required by NY State law.)
- All Medication/Supplements Fees: (different medications, or same med, different dosages, any vitamins, supplements): 1-3 per day: \$75 per week; 4 per day: \$95 per week; 5 per

day: \$125 extra per week; 6-7 meds per day: \$195 extra per week; 8-9 per day: \$250 per week; 10 plus, please inquire.

•Extra Laundry fee: \$75 per week

-Canteen Fee: \$15 per week (for off-camp trips, snacks and certain daily items that may run out, like shampoo)

•Credit Card Payments: please complete the attached credit card payment form, and fax to: 845-853-1172, Attn: Finance Manager

•2011 Registration – Payment Schedule

	<u>6 Weeks</u>	<u>3 Weeks</u>	<u>2 Weeks</u>	<u>1 Week</u>
Registration Fee	\$450	\$450	\$450	\$450
January 15, 2009	\$3645	\$1945	\$1295	\$545
March 1, 2009	\$3450	\$1800	\$1250	\$500
May 1, 2009	<u>\$3450</u>	<u>\$1800</u>	<u>\$1000</u>	<u>\$500</u>
Total	\$10,995	\$5995	\$3995	\$1995

The Breakdown:

<i>Session</i>	<i>Dates</i>	<i>Cost</i>	<i>Check Choice</i>
Full Season – 6 weeks	6/20 – 7/31/10	\$10,995	
Half Season Sessions:			
Session 1 – 3 weeks	6/20 – 7/11/10	\$5995	
Session 2 – 3 weeks	7/11 – 7/31/10	\$5995	
Session 3 – 2 weeks	8/1 – 8/14/10	\$3995	
Session 4 – 1 week	8/15 – 8/21/10	\$1995	
<i>Add a week, specify</i>			

In addition to our regular educational and work-training programs, you may wish to select optional activities and/or private tutoring. All additional academics are initiated and supervised by a licensed professional. The cost for each of the selections below is for full season, 1 session per week.

<i>Additional Activities</i>	<i>Cost, weekly</i>	<i>Check Choice</i>
Speech and Language Development	\$110.00	
Occupational Therapy	\$110.00	
Reading	\$110.00	
Mathematics	\$110.00	
Horseback Riding (1/2 inch heeled <u>boots</u> required)	\$110.00	
Weight Loss – Nutrition and Exercise Program	inquire	
Other Program – please request		

If Sponsor withdraws Camper before expiration of the period of enrollment without the recommendations of the Program Director, Sponsor understands and agrees that any amounts still owed by the Sponsor as part of this Agreement will become immediately due. Further, the Sponsor shall not be entitled to a refund of any amounts

paid, nor shall there be a reduction in the obligation for basic charges or other expenses due from the Sponsor. The non-refundable payments made and the continuing obligation to pay any amounts due but not paid, reflects the recognition that certain costs associated with making the program available to the Participant are incurred, whether or not the program is completed, including such items as salaries, inventories, and other general operating expenses. Therefore, the Sponsor understands and agrees that the policy of non-refundable payments and expenses is a reasonable estimate of the losses (i.e. Liquidated Damages) Huntington incurs with the early withdrawal of the Participant. Camper transcripts and other documentation will not be released until all financial obligations have been met.

C. **ADDITIONAL COSTS AND EXPENSES.** In addition to the Program fee, Sponsor agrees to pay for the following expenses of the Camper: transportation from the Camper's current residence to High Falls, New York and return transportation to the Camper's current residence; food and lodging expenses for any holding period before commencement of the Program and/or after completion of the Program; medication packaging; all medical, dental, hospital, and related expenses incurred by or for the Camper and all required personal items specified in the Camper clothing list. Sponsors are also responsible for any additional escort fees required for transporting Camper to and/or from the Program to another location (i.e. airport, doctor's appointment or special event).

D. **PERSONAL INJURY AND DAMAGE TO PROPERTY.** Sponsor agrees to accept full responsibility for (1) the repair or replacement of any property damaged, defaced, or destroyed by the Camper, whether owned, leased, or controlled by Huntington or any third party, and (2) any personal injury to any Huntington personnel, other Campers or third parties caused, in whole or in part, by the Camper; and to promptly reimburse Huntington for any costs and expenses, including legal fees, it may incur in connection therewith.

E. **RUNAWAY EXPENSES.** In the event the Camper runs away from the Program, Huntington will make every reasonable effort to find the Camper and return the Camper to the Program or to the Sponsor. An accounting of the expenses incurred by Huntington in finding and returning the Camper will be made to the Sponsor who agrees to accept full responsibility for any and all such costs and expenses, and to pay the same within seven (7) days of the Sponsor's receipt of said accounting.

F. **LOSS OR DAMAGE TO CAMPER'S PROPERTY.** Huntington is not liable for any loss of or damage to any of the Camper's property. The Camper is fully responsible for the same at all times.

G. **SUBCONTRACTING.** Sponsor agrees and consents to Huntington subcontracting certain services to be rendered under this Agreement to persons or entities deemed by Huntington to be properly qualified to provide said services, at no additional cost to Sponsor unless otherwise agreed to by both parties. Huntington is not responsible for the services provided by such third-party contractors and is hereby released from any liability arising from such services. All clinicians furnishing services to the Camper, including any psychiatrists, psychologists, mental health professionals, or internists or the like, are independent contractors with the client and are not employees of Huntington. The Camper is under the care and supervision of his/her attending clinician and it is the responsibility of the Camper's clinician to obtain the Sponsor's informed consent, when required, for medical, surgical, or psychiatric treatment, special diagnostic or therapeutic procedures, or other services rendered the Camper under the general and special instructions of the clinician.

H. **NURSING CARE.** Huntington provides only general nursing care unless, upon orders of the Camper's physician, the Camper is provided more intensive nursing care. If the Camper's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the Sponsors. Huntington shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that Camper is not provided with such additional care.

5. **ASSUMPTION OF RISKS; RELEASES AND INDEMNITIES.** Sponsor acknowledges serious hazards and dangers, known and unknown, inherent in the Program, including but not limited to ranch, agricultural and vocational activities, emotional and physical injuries, illness or death that may arise from strenuous hiking, climbing and camping in a natural environment, exposure to the elements, plants and animals, running away from the Program, "acts of God" (nature), the ropes course, kayaking, rafting, water sports, stress, involvement with other Campers, self-inflicted injuries, and transportation to and from the Program's field location(s). Sponsor understands that in participating in the Programs Camper will be in locations and using facilities where many hazards exist and is aware of and appreciates the risks which may result. Sponsor understands that accidents occur during such activities due to the negligence of others which may result in death or serious injury. Sponsor and Camper are voluntarily participating in the Programs with knowledge of the dangers involved and agree to accept any and all risks.

In consideration for being permitted to participate in the Programs, Sponsor agrees to not sue, to assume all risks and to release, hold harmless and indemnify Huntington and any and all of its predecessors, successors, officers, directors, trustees, insurers, employees, managers, agents, volunteers, community organizations, administrators, heirs, attorneys, executors, assigns and/or related or affiliated business entities including, but not limited to, Aspen Education Group, Inc. (Collectively all of the above persons and entities shall be referred to as the "Released Parties" hereafter) who, might otherwise be liable to Sponsor or Camper under theories of contract or tort law. Notwithstanding the aforementioned in cases of negligence, gross negligence or carelessness on the part of Released Parties sponsor retains all rights under theories of contract or tort law.

Sponsor intends by this Waiver and Release to release, in advance, and to waive his or her rights and discharge each and every one of the Released Parties, from any and all claims for damages for death, personal injury or property damage which Sponsor may have, or which may hereafter accrue as a result of Camper's participation in any aspect of the

Programs. Notwithstanding the aforementioned in cases of negligence, gross negligence or carelessness on the part of Released Parties sponsor retains all rights under theories of contract or tort law and this Waiver and Release do not apply.

Camper is physically capable of participating in the Programs, and his or her medical care provider has approved his or her participation. If Sponsor is aware that Camper is under treatment for any physical infirmity, ailment or illness, Camper's medical care provider knows of and has approved Camper's participation in the Programs. Sponsor acknowledges that Sponsor, and Sponsor alone, is solely responsible for Camper's personal health and safety, and the personal property Camper brings with him or her. Sponsor acknowledges that the medical insurance information Sponsor has provided on the Medical Form is current and complete and that Sponsor is solely responsible for procuring and maintaining all medical insurance Sponsor deems necessary and that the Released Parties have recommended that Sponsor procures and/or maintains medical insurance. Sponsor accepts full responsibility for any costs incurred for medical treatment due to failure to procure or maintain insurance, or providing outdated or falsified insurance information. Sponsor understands that it is ultimately Sponsor's responsibility to provide payment to any hospital/emergency response technicians/emergency transport company that may provide services to Camper as a result of injury/illness during the Programs.

Sponsor agrees that this Release extends to all claims of every nature and kind whatsoever, and hereby expressly waives all rights under California Civil Code section 1542 which provides as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

Sponsor agrees to indemnify the Released Parties from any and all actions, causes of action, claims, demands, damages, costs (including attorneys' fees), expenses, liabilities and charges, known or unknown (the "Liabilities") arising out of or in connection with claims and/or actions relating to or brought by or on behalf of Camper, including, without limitation, claims related to or arising out of the Minor's participation in the Program Notwithstanding the aforementioned in cases of negligence, gross negligence or carelessness on the part of Released Parties sponsor retains all rights under theories of contract or tort law and nullifies the indemnification of Released Parties. **Initials:** _____.

6. **AUTHORIZATION FOR MEDICAL CARE AND RECORDS.** In the event of an accident, injury, illness, or other medical necessity, Sponsor hereby authorizes Huntington to: (a) provide emergency first aid to the Camper in the field and en route to any hospital or clinic, (b) arrange for any medical, dental, psychiatric, hospital, ambulance or other health-related care for the Camper deemed necessary by Huntington's staff; and (c) authorize a physician, dentist or other health-care professional(s) to perform any procedure(s) that the health-care professional(s) deems necessary for the well-being of the Camper. All costs and expenses incurred for these services shall be the sole responsibility of the Sponsor. Sponsor also authorizes any and all medical doctors, psychiatrists, psychologists, counselors, therapists, hospitals, clinics and treatment centers that have treated or counseled the Camper, and whose names Sponsor shall provide to Huntington, to release all information regarding the Camper's medical and/or psychological history, diagnoses and treatments to Huntington upon request.

7. **AUTHORIZATION FOR SEARCH AND SEIZURE.** Sponsor hereby authorizes Huntington personnel to search the person and personal effects of the Camper at any time. Huntington is further authorized to confiscate any and all items deemed by Huntington to be contraband or counterproductive to the Camper's successful completion of the Program. The disposition of all items confiscated by Huntington Huntington shall be left to the sole discretion of Huntington.

8. **AUTHORIZATION FOR RESTRAINT.** Sponsor does not authorizes Huntington personnel to physically restrain, control and detain the Camper by the exercise of necessary restraints when deemed necessary by Huntington, except in the case of the Camper jeopardizing the Camper's own safety or the safety of others. In the event that Huntington is required to physically restrain the Camper it must be no more than physically holding the camper until the Camper has calmed down. In the event of a runaway, all appropriate law enforcement agencies or security personnel of any federal, state, county or municipal entity are hereby directed to detain and retain custody of the Camper until Sponsor or any personnel of Huntington arrive, at which time Huntington personnel may re-obtain control of the Camper or authorize continued custody by the law enforcement agency until travel is arranged for the Camper's return home.

9. **PHOTOGRAPHIC/AUDIO RECORDING AUTHORIZATION.** Sponsor hereby authorizes Huntington to take and utilize the voice, photographs and/or videotapes or audiotapes of the Camper during the Program, without any compensation to Sponsor or the Camper. Sponsor understands and agrees that these photographs and tapes of Camper's acts, poses, plays, faces, person, likeness and appearance of any and all kinds and/or recording of voices (with the right to "dub" the voice of another in place of Camper's) may be used in preparing promotional literature or publicity and tapes for Huntington in any medium, together with instrumental, musical, and other sound effects provided by Huntington. Sponsor waives his or her and Camper's rights of publicity in connection therewith.

10. **RESEARCH AUTHORIZATION.** Sponsor hereby authorizes Huntington to use data from the Camper's records, tests, and assessments for purposes of ongoing research, provided that the Camper's name and identity will be kept confidential and not used in any published materials.

11. EARLY TERMINATION/LIQUIDATED DAMAGES.

A. **TERMINATION BY HUNTINGTON.** Huntington reserves the right to terminate this Agreement at any time due to: (i) failure of Sponsor to pay any amounts due under paragraph 4; (ii) illegal, uncontrollable, or dangerous behavior by the Camper; (iii) discovery of any unprompted or previously unknown physical, medical, mental, or emotional problem(s) of the Camper; or (iv) for any other reason if Huntington deems it necessary for the protection of

the Camper, any other Camper(s) or the integrity of Huntington Program. **In the event of any such termination by Huntington after the Camper has been accepted into the Program, neither Sponsor nor Camper's insurer shall be entitled to a refund of any part of the Program fee or tuition.** However, in the sole discretion of Huntington, except in the case of termination under paragraph 11A (i) above, the Camper may participate in a subsequent Program if the condition(s) that led to the Camper's prior termination has been resolved to Huntington's satisfaction, with a credit, to be determined by Huntington in its sole discretion, against the Program fee for prior Program fee payments.

B. **WITHDRAWAL BY SPONSOR.** In the event Sponsor or any authorized third party, after the Camper's arrival date, withdraws the Camper for any reason prior to the end of the Program, or if the Camper decides to leave the Program after the Camper's eighteenth birthday, neither Sponsor nor the Camper's insurer shall be entitled to a refund of any part of the Program fee or tuition. However, in the sole discretion of Huntington, the Camper may participate in a subsequent program if the condition(s) that led to the Camper's prior withdrawal has been resolved to Huntington's satisfaction, with some appropriate credit, to be determined by Huntington in its sole discretion, for prior Program fee payments.

C. **LIQUIDATED DAMAGES.** Huntington's entitlement to and retention of the entire tuition payable in advance under this Agreement in the event of an early termination or withdrawal is not considered by either of the Parties to be a penalty for early withdrawal of the Camper. Because of Huntington's fixed costs, the impossibility of filling the Camper's position once the Program is underway, and the difficulty of estimating and recovering Huntington's losses caused by the Camper's early termination or withdrawal, the Parties agree that this non-refundable Program fee policy constitutes a fair and reasonable estimate of Huntington's losses (i.e., liquidated damages) associated with any early termination or withdrawal of the Camper from the Program.

12. **SPONSOR EDUCATION PROGRAM AND COOPERATION.** Sponsor agrees to attend any seminars for parents and guardians of the Campers conducted by Huntington during the Program, and to give Sponsor's full cooperation to Huntington personnel throughout the Program, in order to maximize the benefits of the Program for the Camper and the Sponsor. Sponsor also agrees to read any educational materials and watch any video programs sent to Sponsor by Huntington, and to fill out and return to Huntington any interactive educational materials, while the Camper is in the Program.

13. **ESCORTS.** If an escort is required to bring the Camper to High Falls, New York for the Program, Sponsor agrees that any escort or escort service used by Sponsor, whether or not Sponsor is referred to the escort by Huntington, is in all respects an independent contractor contracting directly with Sponsor. Sponsor agrees that Huntington bears no responsibility of any kind for any such escort service or the negligence or failure thereof.

14. **HEALTH INSURANCE.** Sponsor warrants that the Camper is presently covered, and will for the duration of the Program be covered, by adequate health insurance covering claims that may arise in connection with any accident, injury or illness that the Camper may suffer or incur during the Program. Whatever deductibles or coverage exclusions may apply in a given case shall be satisfied entirely by Sponsor. Camper must provide proof of insurance prior to enrollment.

15. **EMANCIPATION.** Sponsor warrants that the Camper is a minor, both by age and as a matter of law that the Camper does not qualify under the law as an "emancipated minor and that the laws of the Camper's state of residence permit Sponsor to place the Camper in the Program without the Camper's consent.

16. **DELAYED PERFORMANCE.** Except for the obligation to make payments when due hereunder, all other obligations under this Agreement shall be suspended for so long as one or both Parties hereto are prevented from performing hereunder by acts of God/nature, the elements, acts of federal, state or local governments, agencies or courts, damage to or destruction or unavoidable shutdown of necessary facilities, or other matters beyond their reasonable control; provided, however, that any party so prevented from complying with its obligations hereunder shall promptly notify the other party thereof and shall exercise due diligence to remove and overcome the cause of such inability to perform as soon as practicable.

17. **ATTORNEY'S FEES.** In the event that either party is found in default or material breach of any specific promise, term or condition expressly set forth in this Agreement by an arbitrator(s) or a court of competent jurisdiction, said party shall be liable to pay all reasonable attorneys' fee, court costs and other related collection costs and expenses incurred by the other party in enforcing its contractual rights hereunder in said arbitration and/or court proceeding(s). In addition, Sponsor agrees to compensate Huntington for all reasonable attorneys' fees and costs incurred by Huntington in connection with those matters concerning which Sponsor has agreed to pay or indemnify Huntington hereunder, including without limitation the provisions of paragraphs 1, 4, 5, 6, 7, 8, 11, 12, 13, 14, and 27 herein. Sponsor agrees to pay a late charge of one and one-half percent (1½ %) per month on all billings not paid in accordance with this Agreement.

18. **NOTICES.** Any and all notices, payments, reports and other correspondence required hereunder shall be deemed to have been properly given or delivered when made in writing and delivered personally to the party to whom directed, or when sent by United States mail with all necessary postage or charges fully prepaid, and addressed to the party to whom directed at its below specified address (or a new address after written notice of such change is given to the other party).

Huntington, Inc.
c/o Aspen Education Group, Inc.
17777 Center Court Dr.

PARENT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Cerritos, CA 90703

19. **AMENDMENTS.** This agreement may be amended at any time upon mutual agreement of the parties hereto, but any amendment(s) must first be reduced to writing and signed by both parties in order to become effective.

20. **WAIVER.** A waiver by any party of any provision hereof, whether in writing or by course of conduct or otherwise, shall be valid only in the instance for which it is given, and shall not be deemed a continuing waiver of said provision, nor shall it be construed as a waiver of any other provision hereof.

21. **PARAGRAPH HEADING.** The paragraph headings of this Agreement are inserted only for convenience and in no way define, limit or describe the scope or intent of this Agreement nor affect its terms and provisions.

22. **GOVERNING LAW / VENUE.** This Agreement, and all matters relating hereto, including any matter or dispute arising between the parties out of this Agreement, tort or otherwise, shall be interpreted, governed, and enforced according to the laws of the State of California; and the Parties consent and submit to the exclusive jurisdiction and venue of the California Courts in Los Angeles County, California, and any qualified (American Arbitration Association-approved) arbitration service in the State of California, County of Los Angeles, to enforce this Agreement. The parties acknowledge that this agreement constitutes a business transaction within the State of California.

23. **SEVERABILITY.** In the event that any provision of this Agreement, or any operation contemplated hereunder, is found by a court of competent jurisdiction to be inconsistent with or contrary to any law, ordinance, or regulation, the latter shall be deemed to control and the Agreement shall be regarded as modified accordingly and, in any event, the remainder of this Agreement shall continue in full force and effect.

24. **NUMBER.** As used in this Agreement, the term "Sponsor" shall include all Sponsors, being the parent(s) and/or guardian(s) executing this Agreement; and singular pronouns shall include the plural and plural pronouns shall include the singular, whenever the context so requires.

25. **ACKNOWLEDGMENT/ENTIRE AGREEMENT.** Sponsor hereby acknowledges that Sponsor has read this Agreement and that Sponsor understands and consents to all of its provisions; that this Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof; and that all other prior agreements, promises, expectations and conditions, oral or written, between the parties are incorporated herein. Other than the express commitments set forth in this Agreement and the Program description, Huntington gives no warranties of any kind, express or implied, to either the Sponsor or the Camper concerning the Program; and Sponsor acknowledges that Sponsor is not relying on any warranties or representations of any kind other than the express commitments of Huntington set forth herein.

26. **BINDING EFFECT.** This Agreement shall be binding upon and inure to the benefit of the parties hereto, their heirs, personal representatives, successors and assigns.

27. **RELEASE OF INFORMATION.** The parties authorize the release of the Camper's information via E-mail, Internet technology, voice mail or US mail. While every effort will be made to maintain confidentiality, Huntington accepts no responsibility for the mistransmission that could result in information becoming available to someone other than the intended receiver.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the dates set forth below.

Date:

Sponsor (father/guardian)

Date:

Sponsor (mother/guardian)
Accepted:

Date:

Camp Huntington, INC.



Camp Huntington

SUMMER 2011

56 Bruceville Road
High Falls, New York 12440
Toll-Free: 866-514-5281
www.camphuntington.com

Michael Bednarz, Executive Director
Daniel Falk, Executive Director, Emeritus
mbednarz@camphuntington.com; cell: 917-710-4285
Campus Phone: 845-687-7840; Fax: 845-853-1172

Summer PREPARATION FORMS for CAMP!

IMPORTANT INSTRUCTIONS

2011 SESSION DATES:

-Session 1: 6/19 - 7/09/11

-Session 3: 7/31 - 8/13/11

-Full season: 6/19 (Sunday arrival) - 7/30/11 (Saturday departure)

-Session 2: 7/10 - 7/30/11

-Session 4: 8/14 - 8/20/11

ARRIVAL times on Session start days: 2:15pm – 4:30pm. (Call us to arrange an alternative arrival time).

-Arrival without proper medical form completion or medications will prevent your child's session start.

-Late arrivals require pre-scheduling and typically occur the following morning beginning at 10am.

-Parents can only drop a child off, no tours of campus are possible, unless arranged with the Director or Executive Director, to avoid triggering home-sickness in other campers and create a healthy separation for your child.

-Campus tours for families who have not visited before are arranged by the director prior to drop off.

-**DEPARTURE Times:** Pick up time at the end of a child's session is between 9:30am and 11:00am, only.

Dear Parents: Save this letter for future reference. Please note the following instructions carefully to prepare for a safe and rewarding camp experience for your child:

ARRIVAL AT CAMP

CAR

If you drive your child directly to camp, please use the following schedule:

Session Start Days: Arrival is between 2:15 PM & 4:30 PM

Late Arrivals: Next day, between 10:00 AM & 11:30 AM

Parents and campers are welcomed at our **Social Hall** building. No tours of campus are possible at that time. Parents cannot accompany campers to cabins. Our staff greets you and welcomes your child into their group, which helps them settle in rapidly to begin a positive camp experience, and greatly reduces home-sickness.

AIRPLANE

If your child is traveling to camp by airplane, we see many parents arrange airport pick-up through **Scott Sutton car service:** 800-487-3809; scottsutton@mindspring.com. He will arrange transportation to camp with you. Please make reservations to arrive *mid-day* at **Stewart Airport** in Newburgh, NY; or **Albany Airport**, in Albany, NY; or **Newark, NJ, or JFK or LaGuardia Airports in NY City** on **session start dates; you must** send us a travel itinerary. You are responsible for all transportation costs to and from the airport; the camp cannot make these arrangements for you.

BAGGAGE

Luggage (soft bags preferred) may be brought with your child, or shipped to camp to arrive 3-4 days before your child's session start day, not earlier please. LABEL all bags clearly.

-If it is necessary for you to lock your child's baggage, *please* send a set of keys to the Camp Office at the same time you ship their baggage.

PHYSICAL EXAM Please send your child's latest physical exam. Our local health department requires an exam report within the last 6 months of a child's attendance. If ANY physical or health conditions have changed since the most recent exam was completed, it is your responsibility to update us immediately in writing by the doctor with specific details, such as, but not limited to, hospitalizations, uncommon rise in seizure activity, dietary changes, sudden weight loss, physical limitations, vision concerns, medication changes, behavioral concerns. We cannot be responsible or be able to provide safe care for matters not presented to us in writing by a licensed physician regarding your child's health, and in order for the camp to evaluate its ability to ensure safe care for your child. Failure to present accurate healthcare information will result in cancellation of your child's registration and a complete forfeit of a refund.

MEDICATION & Health Forms - KidsMedPacks - new service: Please send your child's health and summer preparations forms to our camp office in High Falls by June 1st. Keep a copy. If your child receives **medication**, vitamins, etc. we require you to work with KidsMedPacks to provide the camp with your child's med supply while in attendance.
--All **prescribed medication** must be **supplied through YOUR arrangement with KidsMedPacks service; details for contacting them is listed in the FORMS section of our website.** If you have any problems working with KidsMedPacks, please contact us to make alternate plans.

EYEGLASSES Children wearing eyeglasses: send TWO pairs, in hard cases; labeled.

HORSEBACK RIDING Horseback riders MUST wear boots with 1/2" **heels**, Timberland, or other, **sneakers not allowed**; and long pants; sun hat for suntan lotion.

LINENS REMINDER Sheets, pillowcases and bath towels will be provided by the camp. Please send pool towels, and label special blankets/pillows you would like returned.

VISITING DAY Visiting Day is Saturday, July 9th, 1:30 PM to 4:30 PM. Please arrive at 1:00 PM to begin parking. **Parking** will be on our baseball field, **enter 2nd driveway past the main camp entrance** on the right side, gate #2.

TELEPHONE CALLS Parents are welcome to call their child on **Sundays**. Call-in times are limited to: **8:30-9:30AM, 12-1:30PM** and **6-7:00PM**. Calls are scheduled during meal times, and are transferred to the dining hall. We appreciate your patience if we drop a call during transfer, or disconnection. Please expect busy signals as many parents call in; allow time for your child to reach the phone. **Telephone Numbers:** Toll-Free: 866-514-5281; or 845/687-7840; on Sundays only, you can call in on our staff phone: 845/687-7046.

DEPARTURE **Pick up for end of child's stay: 9:30am to 11:00am.** Campers flying home can be picked by a car service at pre-arranged times. *Please* provide us with your child's itinerary, so we can align timing. Confirm all arrangements with us by email. Thank you.

Wishing you a happy, healthy and enjoyable summer!
Please contact us with any questions or concerns: admissions@camphuntington.com
www.camphuntington.com

Kids Med Packs - Letter to Camp Huntington families: Summer 2011

Dear Parents,

After careful consideration and reference checking, we have chosen kidsMEDPACKS as our prepackaged medicine provider. The staff, pharmacists and Pediatrician at kidsMEDPACKS specialize in working with special needs camps and we are confident that they will efficiently package our campers' medications, meticulously following all your physician's directions, and courteously answer all your questions.

All campers who will take medication during their time at camp must have their prescriptions filled and packaged by kidsMEDPACKS . kidsMEDPACKS will provide a simple, safe and efficient medicine delivery system using personalized dosage packets designed to assure that your child receives the right medicine at the right time. This simple system will assist our medical staff when administering medication. It is certified by the Board of Pharmacy, and is used in residential schools and assisted living facilities, and is in compliance with strict state regulations regarding medication dispensing for summer camps.

If your child will take medication this summer, here's what you'll do...

Step One: REGISTER

Go to www.kidsmedpacks.com. Visit the "Parents" section to read all about kidsMEDPACKS and the service they provide, and then continue to "register now." You will be asked to type in "Huntington" and then the registration page will come up. Complete all the required fields. You will be asked for your credit card information since there is a \$55 one-time fee for this service, regardless of the number of medications.

Step Two: FORMS

On the kidsMEDPACKS website you'll see that there are two items that you are asked to print. One is a letter to your physician with details about writing and dating your child's prescription. Please take this letter to your physician on the day of your scheduled camp check-up visit.

The MEDICATION REQUEST FORM is also in this section. It asks you for every detail about your child's medication, dosage and time of delivery. When filling your prescription, kidsMEDPACKS will refer to this form to make sure that the information provided by your physician is exactly as you say it should be. Please print this form and complete it carefully.

Step Three: PRESCRIPTION

At your camp check-up visit, obtain prescriptions for any medications your child will take while at camp (see exceptions below).

Step Four: MAIL

After you've completed steps 1, 2, and 3 please take:

- 1) original copies of your child's prescription(s)
- 2) completed Medication Request Form
- 3) photocopy of the front and back of your prescription card

and mail it to: kidsMEDPACKS
P.O. Box 568
Scarsdale, NY 10583

ALL PRESCRIPTIONS, MEDICATION REQUEST FORMS AND PRESCRIPTION CARD PHOTOCOPIES MUST BE RECEIVED BY kidsMEDPACKS 30 days BEFORE your camper's start date. You will be charged a late fee if you miss this deadline. kidsMEDPACKS needs time to fill, package and ship your child's prescription to camp.

Step Five: RELAX!

kidsMEDPACKS will take it from here. When kidsMEDPACKS receives your child's prescription, they will check it against your Medication Request Form, call you with any questions, fill the prescription two weeks before your child arrives at camp, and package it in personalized dosage packets for easy and accurate delivery by our medical staff. These packets are individually labeled, making it abundantly clear which medications are to be delivered to whom and when. kidsMEDPACKS will ship your child's medication to camp prior to Opening Day so that our medical staff will have ample opportunity to call you if they have any questions about your child's medication and prepare for their arrival.

Step Six: DOUBLE CHECK

When you drop your child off at camp or at the camp bus pickup location on Opening Day, your child's Medication Record will be available for you to double check. This way you can be certain that all medications are exactly as your child should receive them.

The kidsMEDPACKS system will insure accurate delivery of medication to hundreds of campers this summer. We know that there is extra work and expense to you, yet we are so confident that kidsMEDPACKS is in the best interest of your children that we make this mandatory request proudly. Please avoid any and all extra fees, and abide by the deadline.

If you have any questions or concerns please contact kidMEDPACKS directly at info@KIDSMEDPACKS.com or by calling 866-585-8746. In anticipation of some of

your questions, we've included some Frequently Asked Questions (FAQ's) and answers!

Camp Director

FAQ's...

PLEASE VISIT THE KIDSMEDPACK WEBSITE FOR A COMPREHENSIVE LIST OF QUESTIONS AND ANSWERS

What if my child takes "over the counter" (OTC) medications daily or "as needed"?

OTC Daily - If your child takes OTC medications such as vitamins or supplements, Claritin, or Zantac, these must go through kidsMEDPACKS so that they are placed in bubblepacks. This way, our Medical Staff will deliver these pills to your child each day, without exception or error, as they would a prescription medication.

OTC Only As Needed - If your child takes commonly used OTC medications only "as needed" such as Tylenol, Advil, Tums, Lactaid, Metamucil, Claritin or Zyrtec you do not need to bring these medications to camp. Our Health Center has an abundant supply of these and many other commonly used OTC medications. For these OTC medications taken only as needed, you do not need to register with kidsMEDPACKS. Please make sure you note on your child's Health Form which OTC medications he/she sometimes takes, how much, and when.

What if my child needs an injectable medication such as an allergy shot?
Bring the injectable medication to camp with you. You do not need to register with kidsMEDPACKS.

What if my child uses an inhaler such as Albuterol?

If your child uses an inhaler of any kind, we ask that you bring two to camp. One will remain in your child's cabin for emergencies, and the other in the Health Center for daily or as-needed use. kidsMEDPACKS will certainly fill your inhaler prescription for you, but if you have two full inhalers at home already, you may bring them to camp on Opening Day.

What if my child needs an epi-pen?

If your child has an allergy that might require the use of an epi-pen, please bring one to camp for safe storage in the Health Center. Extra epi-pens are always on hand in the Health Center and Dining Hall. You do not need to register with kidsMEDPACKS.

What if my child's prescription is only taken "as needed"?

All prescription medication whether taken daily or “as-needed” must be filled by kidsMEDPACKS prior to your child arriving at camp. This includes medication in pill form, liquid, nose sprays, eye drops, creams and ointments. “As needed” prescription medications will be placed in personalized dosage packets and clearly coded as PRN or “as needed” .

What if I have questions about my insurance prescription plan?

See the frequently asked questions on the kidsMEDPACKS website

www.kidsmedpacks.com.



MEDICATION REQUEST FORM

- 1 Please print and complete entire form.
- 2 Attach all prescription(s). You do not need a prescription for over-the-counter requests.
- 3 Attach a copy (front and back) of your insurance card OR PHARMACY BENEFITS CARD if you have one.
- 4 Mail to: kidsMEDPACKS, PO Box 568, Scarsdale, NY 10583.

Camper Name: _____ Camp Facility: _____
 Parent/Guardian Name: _____ Camp Session Dates: start: _____ end: _____
 Home Phone Number: _____ Camper DOB (mm/dd/yy): _____
 Cell Phone Number: _____ Medication Allergies? Please list: _____
 Email Address: _____

PLEASE NOTE: BE CAREFUL - Prescription medications will be dispensed EXACTLY as written.
CAREFULLY REVIEW all prescriptions you are submitting. They must be IDENTICAL to your request below.
 Medications prescribed to be taken DAILY will be administered at BREAKFAST unless otherwise noted.

LIST ALL MEDICATIONS YOU REQUEST BE FILLED BY kidsMEDPACKS' PHARMACY:

**Please use more than one form if needed for additional medications.*

MEDICATION/VITAMIN <i>(Prescription and over-the-counter)</i>	STRENGTH <i>(ie: mg, ml, mcg)</i>	DOSAGE FORM <i>(ie: capsule, liquid, chewable)</i>	DISPENSING INSTRUCTIONS FOR NURSE <i>(Please check all that apply)</i>
			<input type="checkbox"/> Daily OR <input type="checkbox"/> Only When Needed Time: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other Time: _____
			<input type="checkbox"/> Daily OR <input type="checkbox"/> Only When Needed Time: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other Time: _____
			<input type="checkbox"/> Daily OR <input type="checkbox"/> Only When Needed Time: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other Time: _____
			<input type="checkbox"/> Daily OR <input type="checkbox"/> Only When Needed Time: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other Time: _____

ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS WILL BE DISPENSED EXACTLY AS WRITTEN BY YOUR PHYSICIAN. PLEASE CHECK YOUR DOCTOR'S PRESCRIPTIONS AND YOUR REQUESTS ON THIS FORM CAREFULLY BEFORE SENDING TO KidsMEDPACKS.

*Our partner pharmacy will charge your credit card for any co-payment due or over-the-counter medications supplied. Pharmacy charges may appear on your credit card statement up to two months **after** your camper returns home. Please notify us if your credit card information changes during the summer.*

I acknowledge responsibility for the cost of any medicine not covered by my insurance company, for any medication the pharmacy cannot get reimbursed for, as well as any co-payments and deductibles, which I agree will be billed directly to my credit card by the pharmacy. I agree to authorize the pharmacy to contact my insurance company for insurance verification, billing and collections for my child's medications. Our licensed pharmacy is HIPAA compliant and all personal information received will be solely maintained for the purposes of dispensing prescriptions and insurance collection.

BEFORE YOUR SEND:

- Is a copy of your insurance/pharmacy benefits card attached?
- Did you check your prescriptions and are they IDENTICAL to your written request?

Signature of Guarantor: _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Due to camp by June 1st
Camp Huntington
56 Bruceville Road
High Falls, New York 12440

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

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

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

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

Camper Name _____
First _____ Middle _____ Last _____
(For Camp Use) Cabin or Group _____
(For Camp Use) Session Code(s): _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

Due to camp by June 1st
Camp Huntington
56 Bruceville Road
High Falls, New York 12440

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____
City State Zip Code

Custodial parent(s)/guardian(s) phone: (_____) (_____) (_____)
Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel:** Cross out those items the camper should not be given.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (list):

To medications: (list):

To the environment (insect stings, hay fever, etc.— list):

Other allergies: (list):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (name, dose, frequency—describe below)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code
Telephone: (_____) _____ Date: _____

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

Camp Huntington, Summer 2011

Over The Counter (OTC) Form – PHYSICIAN’S Signature Required

By Mail: PO Box, High Falls, New York 12440

Or, please fax back to: Fax: 845-853-1172

Camp Office Phone: (845) 687-7840 or, 866-514-5281

Annual permission for over the counter medication administration

O.T.C. Medications may be given to _____ as indicated below.

ALLERGIES _____

He/She may receive the following over the counter medications for no longer than 48 consecutive hours. The primary physician must then be contacted. A nurse/physician must be notified prior to administration of any oral medication if the staff has concerns regarding the person’s condition. (Please cross out any meds you do not wish your patient to have.)

MEDICATIONS

ADMINISTRATION

Acetaminophen (Tylenol), 325 mg table _____ PRN for headache, pains, elevated temp.
2 tablets PO. Every 4 hours to a max. of _____ greater than 101 F. or pain
8 tabs per 24hour period

Ibuprofen 200mg tablets- 2 tablets Q6’ PO _____ PRN for pain or fever

Cough Drops, lozenges q 4 hours (not to _____ PRN for complains of minor sore throat
Exceed manufacturers Dosage) _____ pain

Robitussin DM _____ 10cc, PO for cough q 4 hours

Milk of Magnesia suspension _____ 30cc liquid PO for constipation PRN

Dulcolax (5 mgtabs) _____ 1 tab as needed for constipation PRN
(many campers will not drink the MOM)

Immodium 2mg tabs _____ 4mg initially, then 2mg after each loose
stool (8mg max daily dose for 2 days) PRN

Pepto Bismol _____ 30cc PO q 4 hours PRN for upset stomach
Heartburn, or indigestion. Max of 4 doses, 24hrs

Mylanta Suspension _____ 15 ml PO PRN, indigestion, heartburn

Benadryl 25 mg tablet or liquid _____ 25 mg PO PRN for allergic reactions

Triple Antibiotic ointment _____ Apply sparingly to cut or abrasion BID, PRN

Calamine/Caladryl lotion _____ Apply sparingly to bug bites or rashes BID
Or hydrocortisone cream _____ PRN

Antifungal Spray or cream _____ Apply BID to jock itch or fungal rashes
Under breasts PRN, until cleared

Physicians signature _____ **Date** _____

Camp Huntington Summer 2011

MENINGOCOCCAL MENINGITIS VACCINATION

Please sign and return to camp office

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.

La Ley de Salud Pública del estado de Nueva York requiere que el padre o apoderado de los niños que asisten a campamentos para niños por siete (7) o más noches consecutivas, deben completar y entregar el siguiente formulario.

Check one box and sign below/Marque uno de las casilleros y firme abajo.

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

Date received: _____

Mi hijo ha sido vacunado contra la meningitis meningocócica en los últimos 10 años.

Fecha recibida: _____

[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™.]

[Nota: Si su hijo recibió la vacuna contra la meningitis meningocócica disponible antes de Febrero de 2005 llamada Menomune™, por favor tome nota de que la protección de esta vacuna dura aproximadamente 3 a 5 años. La reimmunización con la nueva vacuna conjugada llamada Menactra™, debe ser considerada entre 3 a 5 años después de recibir 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. All meningitis information is available at the following websites for your review prior to signing this form:

http://www.health.state.ny.us/diseases/communicable/meningococcal/fact_sheet.htm

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

He leído, o se me ha explicado la información concerniente a la meningitis meningocócica. Entiendo los riesgos de no recibir la vacuna y he decidido que mi hijo no recibirá la vacuna contra la meningitis meningocócica. Toda información de meningitis está disponible en el sitio web siguiente para su revisión antes de firmar esta forma:

http://www.health.state.ny.us/diseases/communicable/meningococcal/fact_sheet.htm

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

Gaurdian Signature/Firma: _____ Date/Fecha: _____
(Padre / Apoderado)

Child's Name/Nombre del hijo: _____ Date of Birth/Fecha de nacimiento: _____

Address/Domicilio postal: _____

Phone Numbers: (home/cell): _____

Email Address/Correo electrónico del padre/apoderado: _____

Camp Huntington
PO Box 37,
High Falls, NY 12440

Ph: 866-514-5281
Fax: 845-853-1172

ONLY If your Child Has Asthma

Request for Additional Information About Your Child's Asthma

Camper: _____ Arrival Date: _____

We want your child to receive appropriate care and support for his/her asthma while attending camp. Please complete this in consultation with your physician and return it to the address at the end of the form. Contact [insert name of person] at [insert phone number] with questions or concerns. Please attach additional information as needed, including physician medication orders or greater detail about your child's asthma history.

About our Camp – [Note: tailor this section to describe your camp's risk profile for people who have asthma. The following statements are provided as an example of what this might be.]

1. The program takes place in the outdoors. Your camper will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. We recommend that campers who use an "as needed" inhaler carry the inhaler with them (on their person). Expect our camp's healthcare provider to place his/her initials on the inhaler(s). This is a visual cue to our staff that your medication needs to be with you.
3. Not all camp programs have an RN in residence. At minimum, a person trained in first aid, CPR and our camp's healthcare plan is available.
4. Our camp has access to a physician, clinic and hospital in our local community. Note that it takes at least [insert number] minutes to transport someone from camp to the next level of health care. Sometimes it may take longer.
5. Our Health Center has injectable epinephrine for emergency use. There is no oxygen tank at camp.
6. Staff are told that children with asthma are capable self-managers and that these campers know when to use their medication or amend activity to compliment their health status.

❖ ABOUT TRIGGERS . . .

- Exercise Fatigue
 Dehydration Stress
 Food Item Smoke
 Allergen _____
 Respiratory infections/common cold
 Other _____

What triggers your child's asthma? Provide details about the triggers, including things which cabin and activity counselors should be told.

❖ USING A PEAK FLOW METER . . .

We recommend using a peak flow meter to monitor your child's status and note signs of a potential flare before it is well established. Please have your child bring his/her peak flow meter.

When does this child do peak flow readings?

- Breakfast Lunch Supper Bedtime
 Other: _____

"Personal Best" peak flow reading for this child (green range): _____

Caution range (yellow) : _____

What should be done if this child's peak flow reading drops to the caution/yellow range?

Danger range (red zone): _____

What should be done if this child's peak flow reading drops to the danger/red zone?

❖ **ABOUT MEDICATIONS . . . [Tailor the wording in this section so it reads correctly for your camp]**

Medications are supervised by our healthcare staff and kept in the health center with the exception of inhalers that must be carried by the person. Medications are usually dispensed at mealtime and brought to the dining room so your camper doesn't have to interrupt his/her activity. While we'd like to use mealtime as much as possible to give routine medications, we can arrange a different time if needed (e.g., mid-morning, mid-afternoon).

These Medications Are Used Daily to Manage This Child's Asthma

Name of Medication	Dose Given	When	Reason for Using this Med

These Medications Are Taken "As Needed" to Prevent an Asthma Flare

Name of Medication	Dose Given	When	Reason for Using this Med

These Medications Are Used When This Child's Asthma Flares

Name of Medication	Dose Given	At What Point Should this be Used?	What Effect Should be Expected & How Quickly?

❖ **NEBULIZER TREATMENT & USE**

Will this child bring a nebulizer to camp? YES NO
 IF YES . . . We expect the child knows when s/he needs a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? _____

Nebulizers are kept in our health center and available when needed by your camper.

❖ **WHEN WE HAVE QUESTIONS, WHO SHOULD WE CONTACT?**

Name: _____ Phone: _____

Name: _____ Phone: _____

❖ **AT WHAT POINT SHOULD WE NOTIFY YOU (Parent, Guardian) ABOUT AN ASTHMA FLARE?**

❖ **AT WHAT POINT SHOULD THIS CHILD BE TAKEN TO A PHYSICIAN OR HOSPITAL?**

Return to:
 Camp Huntington
 PO Box 37
 High Falls, NY 12440

Your Signature and Print Name: _____

Relationship to Child: _____

Date: _____

For all CAMP HUNTINGTON, Summer 2011 participants, please read this:

PHOTOGRAPH RELEASE OF LIABILITY

(NOTE: We cannot share any photos of your child at camp with out without this form signed and returned to our campus office)

I _____, (the “Parent/Guardian”), on behalf of myself and _____, (the “Camper”) acknowledge that we wish to participate in the daily program photos that will be posted to our website, permission without which we will not be able to share daily photos of your child’s participation at camp; and which may be also be used as promotional photographs taken by Aspen staff regarding the programs and activities **Camp Huntington** and Aspen Education Group (collectively “AEG”) and other events (collectively hereafter the “Promotion”). We further authorize **Camp Huntington** to take and utilize the photographs of my son/daughter for the sole purposes of: on-camp photos, parent check-in to share photos with parents during the program, and with new families or program providers as they consider the Camp Huntington for their child/children, without any compensation to the Parent or the Student.

In consideration for being permitted to participate in the Promotion, we agree to waive our and the child’s rights of publicity and privacy in connection herewith. We, the Parent/Guardian, do hereby agree to indemnify the Released Parties from any and all actions, causes of action known or unknown arising out of or in connection with claims and/or actions relating to or brought by or on behalf of the Camper.

The undersigned have carefully read this Waiver and Release and fully understand its contents. The undersigned certify that the undersigned Parent/Guardian is at least 17 years of age and is the legal guardian of the above mentioned Camper.

THIS IS AN IMPORTANT LEGAL DOCUMENT.
READ IT CAREFULLY BEFORE SIGNING BELOW.

PRINT NAME OF PARENT/GUARDIAN

SIGNATURE

DATE

PRINT NAME OF CAMPER



Personal Belongings: Camp is an active outdoor setting. Please send clothes that are durable for outdoor use and washing; they will get dirty and be well-worn at camp. We recommend NOT sending any expensive clothing, jewelry, or appliances, as the camp is not responsible for damage or loss. Warm clothing and a rain jacket are suggested. Machine washable clothes only; no dry cleaning. Label with your child's last name, first initial. **Laundry** is done one once a week. We supply sheets, pillow, pillowcase, and blankets. Sending a child's favorite pillow and blanket may be advisable for their sense of home comforts; label it if you send it, and please expect some loss or damage. Cell phones and/or cameras are **NOT** permitted in a child's cabin. We have a camp photographer and calling procedures.

Important: Many of our campers are going through puberty, and appropriate clothing is necessary! **Please send** only non-revealing appropriate clothing, that is modest and suitable for children. No shirts revealing the stomach, breasts, lower back, including low cut or tight shirts, skin tight jeans or mini shorts/skirts are allowed. Underwear is to be worn at all times, including for women, bras under shirts. You will be asked to replace any inappropriate clothing. For women, only one-piece bathing suits to be worn at the pool, and for male campers, no speedo-style suits, shorts style only.

Weaponry, firearms, knives or any hazardous items are NOT allowed at camp, in cabins, bags or to be carried by a participant. No sharp studded bracelets allowed. Any such items found in belongings will be held in the main office and returned to you upon final departure.

Suggested Weekly Clothing List and Items for Camp (Label ALL with your child's name! and use a copy of this list as an INVENTORY form to send with your child.)

Clothing

- 2 prs. Pajamas (if worn)
- 1 bath robe (if worn)
- 2 sweatshirts
- 2 sweaters
- 1 jacket or windbreaker
- 1 long sleeve polo shirt
- 2 short sleeve polo shirts
- 8-10 prs. Socks
- 10-12 prs. Underwear
- bras for girls (one week supply)

- 4 prs. shorts
- 7-10 T-shirts
- 2-3 prs. jeans or pants
- 2 swimsuits 1 piece for girls
- 1 sun hat or baseball cap
- 1 rain poncho or raincoat

- 1 sleeping bag (optional)
- 2 wash/face cloths
- 2 towels, 1 beach size
- 1 laundry bag-with name

Toiletries

- soap and soap container
- toothbrush/toothpaste
- Comb/brush
- plastic drinking cup (important)
- shampoo
- deodorant (if used)
- shaving articles (if used)
- Toiletry bag, labeled

Footwear/Head Protection:

- 1 pr. walking shoes or boots
- 1 pr. sneakers
- 1 pr. thongs for swimming area
- 1 extra pair of sneakers
- 1 baseball cap/sun hat
- 1 Sunglasses
- 1 extra pair of reading glasses

Horseback Riding: 1 pr. boots (Timberlands are fine) need ½ inch heel, minimum.

Required Camp 'Survival' Gear

- water bottle, with child's name
- flashlight and batteries for session
- tissues
- Stationary for letter writing
- cosmetics (only if used)

Miscellaneous Required

- mosquito repellent-2 cans
- sun block or cream-2 bottles/tubes
- envelopes, addressed-1 per week

Recommended Fun Items:

- musical instruments, videos, dvds, etc
- books, toys (no choking hazards)
- crayons/markers/paper
- games for free time/rainy days
- 1 bunk box for items storage(file storage size, no larger)

--Email recent photo of your child
--Email us your child's t-shirt size.

Camp Huntington – **Camp Items and Instructions...important**

'To Send and Not To Send'...yes-music, no-cameras, yes-movies; when-communication, what-food and more....

Parents, please take care of how certain items are sent, or whether to send them at all...

Cell Phones: Campers will not be allowed to use cell phones at camp, and they may not keep them in their possession. We have had far too many incidents with them to control adequately. If you have any questions or concerns, please contact the director, who will aim to return your call with a 24-hour period. We only allow calls into camp on Sundays by parents or relatives and friends. Please remember to limit call times to 5-8 minutes so we can accept calls for the other 80 children attending. Any cell phones found in a camper's possession will be stored in our main office until they leave camp.

Please take care to send only age-appropriate **music, movies** and **printed materials/magazines, photos, games, and toys** to camp that children can view. Remove any music from an iPod or similar device you may be sending that has any explicit lyrics. Often for talent shows, campers plug their music devices into our sound system. If your child loves a particular song, then please replace any explicit lyrics with the clean version from iTunes or similar music download site. We will have to store any explicit items in the main office until you return to pick your child up, and your child will not have access to them during camp.

Cameras: We will use our photo site to share camp photos with you through a secure server system using supervisor-approved photos. No camper cameras are advised to be sent and if sent, the camp is not responsible for any damages. Cameras are not allowed to be kept in cabins. Campers bringing cameras will be told by our staff that they are to be stored in the program office. If a camper refuses, the camera will be sent home immediately. If this will be a problem for your child, do not send a camera with them. Stored cameras will be used only at scheduled activity times under close staff supervision. We've had too many incidents of campers taking inappropriate photos. If you send a camera, make sure your child's name is etched into it. Any unlabeled items may get lost. We use our film program cameras to involve campers in photo-taking and processing, filmmaking and editing.

Communications: Only authorized staff (directors and senior supervisors) will be able to email or call you during your child's stay at camp. If you currently have friendly contact with a staff member here, they will be receiving notice during our training week about this new communications policy and will be asked to cease any communications with you during a child's stay, and to relay information to a supervisor or director. On occasion, due to time demands, certain junior supervisors will be authorized to email or contact you. Please do not solicit information from them, as supervisors aim to manage communications with you personally. All communications must be approved by a director or program supervisor and any emails copied to them. Unauthorized staff emailing or contacting you (or you contacting them) outside this policy will receive a warning and the staff may be dismissed, and your child sent home, so please do not circumvent this policy. Communications from unauthorized staff do not represent supervisory staff observations, and cause misinformation and inaccurate incident reporting. We appreciate your cooperation with communicating only with supervisory staff while your child is at camp.

Food and other mailed gift-related item/care packages: Please do not send any high-sugar or unhealthy snacks; as a program, we are serving only healthy choices and teaching these options to campers. Also, for visiting day, please do not bring food-related items to camp as gifts that contain high-sugar levels or unhealthy ingredients.

Clothing: Please make sure to label everything you send to camp; our laundry ghost eats up all unlabeled clothing!

Our staffs are enthusiastic for your child's arrival. See you soon at camp!