



2023 Information and Forms for Parents and Guardians

Welcome to Camp Northwoods! We are looking forward to welcoming your camper(s) to Skidmore this summer! This packet of information will help you and your child(ren) prepare for the first day of camp and has essential required **forms that must be completed and returned by June 5, 2023.**

CONTACT INFORMATION (after Camp has started June 26)

Phone: (518) 580-8116 (Falstaff's Pavilion)

Email: campnorthwoods@skidmore.edu

Office of Special Programs

Christine Merrill, Senior Program Coordinator

Phone: (518) 580-5593

Email: campnorthwoods@skidmore.edu

Absence and Late Arrival

In the event your child will be absent from camp or late to arrive, please call Camp Northwoods 518-580-8116 or 518-580-5593 (by 8:45 am would be helpful).

Camp Northwoods is based in Falstaff's Pavilion and the Wilson Chapel on the Skidmore College campus, 815 North Broadway, Saratoga Springs, NY 12866

Director, Peter Carner

Assistant Director, Marissa Folts

Health Director, Madelyn Egan

CAMP NORTHWOODS SESSIONS, HOURS AND DAILY SCHEDULE

Session 1: June 26 – July 7 (no camp Tuesday, July 4; Yellow Pine not in session)

Session 2: July 10 – 21

Session 3: July 24 – August 4

Session 4: August 7 – 11 (one week only)

Cabins

Evergreens: first and second grades; counselor:camper ratio 1:8

Redwoods: third and fourth grades; counselor:camper ratio 1:10

Blue Spruces: fifth and sixth grades; counselor:camper ratio 1:10

Yellow Pines: seventh and eighth grades; counselor:camper ratio 1:7

Camp Hours

Monday–Friday, 8:30 am – 5 pm

Campers should be dropped off between 8:30 and 9 am and picked up before 5 pm.

Sample Daily Schedule (*subject to change*)

8:30–9 am: Drop-off and Check-in at Falstaff's Parking Lot

9 am: All Camp Meeting

9:15–11:45 am: Swim Instruction and Programming

Noon: Lunch

12:30 – 1 pm: Free Time

1 – 4 pm: Programming

4 – 5 pm: Free Time and Parent Pick-up at Falstaff's Parking Lot

Age-appropriate programming may include: art, crafts, music, dance, nature, recreation, journaling, creative writing, special events, and S.T.E.M. (science, technology, engineering and math)

Drop Off and Picking Up

Parents should follow directions to the Falstaff's Parking Lot on the Skidmore College campus (see below).

Camp Directors and Staff will be there daily to meet you for signing in and checking out your child(ren).

[Drivers](#) should enter the campus via the North Broadway entrance, take their first right, and follow the perimeter road to the Falstaff Parking Lot, which is the first parking lot on the right, across from North Hall.

The camp day ends at 5 pm. There will be a fee for picking up your camper after 5:15 pm: \$5 for the first 15 minutes; \$5 for every 5 minutes after 5:30 pm. Payment is expected at the time of pick-up.

WHAT TO BRING TO CAMP

Please review this list to be sure you are ready for camp. To foster independence and responsibility, you may want to delegate this task to your camper. Drawings or pictures can aid the younger campers in reading the list.

- Sneakers (no open-toed shoes, please)
- Backpack for carrying personal belongings
- Swimsuit and Towel
- Water bottle or canteen (straps for carrying are great!)
- Lunch packed in an insulated bag/cooler with cold pack (if necessary)
- Snacks – daily for your camper if they have dietary needs OR one for your camper's cabin on the first or second day of the camp session – *see below*
- Sunscreen (must be kept in original container, labeled with camper's name)

- Mosquito repellant or bug spray (must be kept in original container, labeled with camper's name)

Optional items:

- Rain gear
- Old t-shirt or smock for art projects
- Emergency change of clothes
- Prescribed medication must be kept in original container bearing the pharmacy label, which shows the date filled, the prescribing practitioner, the name of the medication, directions for use, any cautionary statements contained in such prescription (or as required by law), and the number of tablets or capsules in the container. Non-prescription medication must also be in original container.
- Facemask

Healthy Snacks

Campers are required to provide one healthy snack for their unit of campers for each session. There are 28 campers in Evergreens and Redwoods, 24 campers in Blue Spruce and 14 for Yellow Pine. Snacks that keep well are to be labeled with each child's name and delivered during the first 2 days of each session. Camp Northwoods strives to be a **NUT FREE ZONE**. If your child has more specific dietary needs or allergies, you will need to provide snacks for them daily. Suggestions for healthy snacks to send with your camper include:

Granola Bars
Pretzels
Cheese and crackers
Raisins or other dried fruit
Milk
Popcorn

Small muffins
Fresh fruits or vegetables
Fruit Chews/Fruit Roll-ups
Fruit juice
Snack Crackers
Fruit or yogurt popsicles

HEALTH AND SAFETY AT CAMP

Camp Northwoods will follow health and safety regulations put forth by the New York State Department of Health, the American Camp Association, Saratoga County Public Health and the Centers for Disease Control. Our activities will be adapted to adhere to the most current information and recommendations. The most up-to-date requirements will be communicated to registered campers via e-mail.

Required Health History and other Forms

Please complete the following Camper Health History and other Permission Forms and **mail them by June 5, 2023 to:**

Christine Merrill
Office of Special Programs
Skidmore College
815 North Broadway
Saratoga Springs, NY 12866

Campers with incomplete forms will not be allowed to attend Camp.



Camp Northwoods **Field Trip Schedule 2023** *(subject to change)*

SESSION 1: June 26 – July 7

Wednesday, June 28

[MiSci Museum of Innovation & Science](#) (Grades 1-6)

Schenectady, NY

Wednesday, July 5

[Up Yonda Farm and Environmental Educational Center](#) (Grades 1-6)

Bolton Landing, NY

SESSION 2: July 10 – 21

Wednesday, July 12

[Adirondack Adventure Center](#) (Grades 1-6)

Lake Luzerne, NY

[Revolution Rail](#) (Grades 7 & 8)

Hadley, NY

Wednesday, July 19

[Moreau Lake State Park](#) (Grades 1-8)

Gansevoort, NY

SESSION 3: July 24 – August 4

Wednesday, July 26

[Natural Stone Bridge & Caves](#) (Grades 1-6)

Pottersville, NY

[Lake George Association Floating Classroom](#)

(Grades 7 & 8)

Lake George, NY

Wednesday, August 2

[Sacandaga Outdoor Center White Water](#)

[Rafting](#) (Grades 1-6)

Lake George, NY

[Into the Woods Farm: Goat Hike & Yoga](#)

(Grades 7 & 8)

Middle Grove, NY

SESSION 4: August 7 – 11

Wednesday, August 9

[Saratoga Strike Zone](#) (Grades 1-8)

Saratoga Springs, NY

Thursday, August 10

[The Fun Spot](#) (Grades 1-8)

Queensbury, NY

CAMPER HEALTH HISTORY FORM1

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

american **CAMP** association®

Mail this form to the address below by June 5, 2023.

Christine Merrill
Office of Special Programs
Skidmore College
815 North Broadway
Saratoga Springs, NY 12866

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.

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: _____ 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 is lactose intolerant. ☐ This camper is gluten intolerant.
☐ Other, **please explain in space.**

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.

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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

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial

Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

- Medication:**
- ☐ This camper will not take any daily medications while attending camp.
 - ☐ This camper will take the following daily medication(s) while at camp:

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other 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"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

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

Acetaminophen (Tylenol)
Phenylephrine decongestant (Sudafed PE)
Antihistamine/allergy medicine
Diphenhydramine antihistamine/allergy medicine (Benadryl)
Sore throat spray
Lice shampoo or cream (Nix or Elimate)
Calamine lotion
Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)
Pseudoephedrine decongestant (Sudafed)
Guaifenesin cough syrup (Robitussin)
Dextromethorphan cough syrup (Robitussin DM)
Generic cough drops
Antibiotic cream
Aloe
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

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

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 HISTORY FORM 1

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

Camper Name: _____

Last

Birth Date: _____
Month/Day/Year

Individual Health Record (For Camp Use Only)

Initials: _____

- ☐ Screening has been conducted according to camp protocol and significant findings noted as follows:
- A. Any signs/symptoms of illness or injury upon arrival?..... ☐ No ☐ Yes as noted below
- B. History of exposure to communicable disease?..... ☐ No ☐ Yes as noted below
- C. Additions or corrections to information on this health history?..... ☐ No ☐ Yes as noted below
- D. Medication given to health-care staff?..... ☐ No ☐ Yes as noted below
- E. Any signs/symptoms of head lice?..... ☐ No ☐ Yes as noted below

Provider notes: (date/time/initial all entries) _____

[illegible]

Exit Note: Check one of the following:

- ☐ Left camp this day with no reported illness or injury symptoms.
- ☐ Left camp this day with the following problem/concern:

This person was told about the problem and instructed about follow-up as noted above: _____

Date/Time: _____ Initials: _____



Please attach a small photo
(school picture) of your child
HERE to be used by **the staff**
only.

Camp Northwoods Parent/Guardian Permission Forms

Campers Name: _____ Nickname: _____

Date of Birth: _____ Age while attending camp: _____ Entering Grade: _____ Sex: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Parent/Guardian # 1 Name: _____

Parent/Guardian Mobile Phone: _____ Work Phone: _____

Parent/Guardian #2 Name: _____

Parent/Guardian Mobile Phone: _____ Work Phone: _____

Emergency Contact: _____ Mobile Phone: _____

Medical Information

Name of Child's Physician: _____ Phone: _____

Pertinent medical data and restrictions (allergies, asthma, seizures, etc.), include any relative medications the child is currently taking: _____

Name of Medical Insurance: _____

Guarantor (person responsible for payment of bill): _____

Policy and ID Number: _____

Emergency Authorization for Medical Treatment of Minors

I/We, the undersigned, being the parent(s) of custody or legal guardian(s) of the above-named minor hereby appoint Camp Northwoods, Skidmore College to act on my behalf in authorizing unexpected medical, dental or surgical care, or hospitalization for said minor in my absence and I authorize Camp Northwoods, Skidmore College to grant consent to medical doctors and emergency staff at a hospital/emergency facility to conduct the required tests and provide the necessary medical treatment/care to the above-named child IF I OR MY SPOUSE CANNOT BE REACHED. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during the sessions my child is registered for during the 2022 Camp held June 27 – August 12.

Please complete page 2 on reverse.

Camper Name: _____

Field Trips

I/We, the undersigned, hereby give permission for the above-listed camper to be taken on field trips and outings, including swimming, as authorized and planned by the Camp Northwoods staff and Skidmore College.

Camp Pick-up Authorization

I/We, the undersigned, authorize the following people to pick up the above-named camper from camp and will notify Camp Northwoods of any additions or subtractions to this list:

Hold Harmless

I/We, the undersigned, individually as parent or guardian of the above-named minor, request that the child be allowed to participate in the Camp Northwoods program sponsored by Skidmore College. I/We do hereby agree to waive and release, and hold harmless Skidmore College, its officers, agents and employees from and against all claims or causes of action or demands, liabilities, damages on account of any injury or accident involving the child's participation in the camp or in activities held in connection with the camp. I/We understand the child participates in this activity at her/his own risk and that any medical expenses associated with this program are my/our responsibility.

I/We agree to the aforementioned policies and confirm the information provided is accurate:

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

