

BUSHY HILL DAY CAMPS

February/April Vacation Camp · Summer Camp · Bushy Mountain Teen Camp
Scout Teens Camp · C.I.T. Training Program



WELCOME PACKET And PARENT HANDBOOK

253 Bushy Hill Rd, Ivoryton, CT 06442
(860) 767-2148 (office)
(860) 581-0433 (cell)
(860) 767-8432 (fax)
www.bushyhill.org

Welcome to Bushy Hill Camps where it's our mission to inspire people of all ages to connect with the environment through hands-on experiential learning, while working together to build a stronger community with respect for the natural world.

Thank you for choosing Bushy Hill as a safe and fun place for your child to play, learn and grow this summer, making memories that will last a lifetime.

Please read all of the material in this booklet as it pertains to important information regarding our summer camp programs.

If you ever have questions or comments that you would like to express, please contact us at (860)767-2148 or brendan@bushyhill.org or info@bushyhill.org.

Online Registration Link: www.bushyhill.org/r

Thank you again for choosing Bushy Hill,

Jen Gannon Malaguti
Bushy Hill Director

Brendan Hylan
Associate Director
Summer Camp Director

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All Camps

Before Camp Starts

What paperwork is needed? (We are continuously working on going green we do not want paperwork if it can be done online)

When you registered online, you should have seen a spot to upload your child's health forms and medical information. It is crucial that we have this information in our system prior to the first day of camp. Health forms that are more than 24 months old are considered expired. We go by the date of the physical, not the date the physician signed the paper.

Children who will need medications with them at camp (including over the counter drugs such as Benadryl, Tylenol, etc.) MUST have an administration of medication form filled out by their doctor for EACH medication. This form can be submitted prior to the start of camp or with the medication on your child's first day. Please contact us for clarification on any of the medication information and forms.

All areas within our online registration system need to be correctly filled out and fully filled out to the best of your ability. Please sign all areas asked of you and upload a photograph of your child for their safety.

REGISTRATION DAY CHECKLIST/PROCESS:

Please be sure to have the following items with you:

- Any missing health forms, completely filled out (if you need a new copy of health forms, visit www.bushyhill.org).
- Any medications your child will need while in our care, properly labeled and in original packaging, as well as the accompanying Medication Administration form (one per medication, filled out and signed by your child's doctor) if it was not already sent in prior to the start of camp.
- Payment for any outstanding balance. **Checks can be made out to Incarnation Center.**

PLEASE NOTE: All permission slips, health forms, and online registration are due as early as possible (by JUNE 1st for Summer Camps). Campers registering after June 1st need to have all forms in **PRIOR** to the start of their session of camp. We ask that you try to do everything online, however, we do accept forms through mail, email, or fax attention to BRENDAN HYLAN. **ANY CAMPER WHO DOES NOT HAVE ALL FORMS SUBMITTED BY THE START OF THEIR SESSION WILL NOT BE ALLOWED TO STAY FOR CAMP UNTIL ALL FORMS ARE TURNED IN.** Call Brendan at 860-767-2148 or email him at brendan@bushyhill.org with any questions. Our fax number is 860-767-8432. Some forms and policies have changed.

In order to help registration run smoothly, there will be NO altering of groups during that time.

We design each of our field groups with 1 counselor and about 10 campers, with counselor assistants rotating throughout groups as needed. We believe this set up provides the safest and most fun-filled environment for your child. We also believe that Bushy Hill is a place where old friendships strengthen and new ones blossom, so mingling is good! *If your child wants to be in the same group as a friend or relative, please contact us **before** registration day.*

DROP OFF / PICK UP PROCEDURES:

Your child will need to be checked in and out of camp each day by you with a signature. Look for the staff member with the clipboard standing near the parking circle. As a courtesy, please check in with your child's counselor daily. ***(Reminder that the Speed Limit on Property is 10mph)***

Where: Depending on the program and weather will determine where campers will be dropped off and picked up every day a staff member will be present to help you with any and all questions.

- **February & April Camp:** Drop off and Pick up will be conducted typically in the Nature Center or Activity Center on our property. However, if the weather is cooperating we will be near the log abutting the field and gravel turn around.
- **Seedlings Camp:** Drop off and Pick up will be conducted typically in the Nature Center or out in front of the Nature Center.
- **Summer Day Camp/Bushy Mountain/SCOUT/CIT:** Drop off and Pick up will be conducted typically at the log abutting the field and gravel turn around. However, if the weather is not cooperating we will be in the Activity Center across the field. ***Please do not drive up the gravel road leading to the Activity Center.***

When: Official Bushy Hill hours **begin at 8:30am and end at 4:00pm.** (Times may vary depending on the time of year and day) If additional care is needed, please contact Brendan at 860-767-2148 or brendan@bushyhill.org.

Essentials for the Child to Bring

Essentials for Camp/Season: *(Excluding Seedlings and find out more information within each camps individual section)*

- Backpack *(2 straps)*
- Water Bottle *(2 if possible)*
- Closed toed shoes *(water shoes, crocs, keens, sneakers, winter boots)*
- Brown Bag Lunch *(non-perishable items recommended or you need to pack an ice pack)*
- Weather permitting clothing *(know your child and the weather outside)*
- Swimsuit *(for Summer Camp Only)*
- Towel *(for Summer Camp Only)*
- Sunscreen & Bug Spray
- Change of clothes/shoes *(not needed)*
- Morning & Afternoon snack *(not needed)*

We always suggest that children wear loose fitting long sleeves and pants to deter bug bites and tick contact.

Non-Essentials for Camp:

- Cell Phones (all staff are equipped with a phone for emergency use)
 - All and any electronics (i.e. Ipads, game devices, music players and more)
 - Jewelry, watches, and any personal belongings
 - Personal stuffed animals, toys, or games
 - All and any card based games (i.e. Pokémon, playing cards, magic cards and more)

Bushy Hill is not responsible for any lost or stolen items.

February & April Camp (8:30am - 4:00pm)

We believe in getting kids outside every day for as long as possible. In the winter, we have varying experiences of snow cover, mud mashing, and beautiful weather. All of the time spent outdoors will vary depending on the temperature and weather. However, we do go outside every day for at least a few minutes, so pack accordingly! **In February**, we hope there is snow cover to allow our campers the opportunity to sled and snow explore. **In April**, we hope for the snow to be melted and the mud to be accessible for tracking and new experiences on the property. We do expect campers to carry their own bags, so pack them knowing your child.

February & April daily your child will need: (weather permitting)

Backpack	Gloves
Bagged lunch	Winter Jacket
Water Bottle	Snow Pants
Morning Snack	Boots
PM Snack (optional)	Extra Shoes and Socks

Campers often ask if they can bring their own sleds from home, and we do allow it with the understanding that they will likely need to share the sled and they are doing it at the risk of breaking it. We often leave this decision up to the camper and family.

We do go out and explore the trails in the snow and children can bring snowshoes if they have access to them. Please pack extra clothes for your child to wear while their first outfit hangs by the fireside drying out (extra socks and gloves are a must!). We will spend a portion of the day inside, warming up and drying out by the fire.

Registration Day Information:

- Any missing health forms, completely filled out (if you need a new copy of health forms, visit www.bushyhill.org).
- Any medications your child will need while in our care, properly labeled and in original packaging, as well as the accompanying Medication Administration form (one per medication, filled out and signed by your child's doctor) if it was not already sent in prior to the start of camp.
- Payment for any outstanding balance. ***Checks can be made out to Incarnation Center.***

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In order to help registration run smoothly, there will be NO altering of groups during that time.

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new ones blossom, so mingling is good! *If your child wants to be in the same group as a friend or relative, please contact us **before** registration day.*

Seedlings Day Camp (9:00am – 3:00pm)

Seedlings will be out and about exploring our property but stay roughly within a 2-3 mile radius of our Nature Center (which is their home base). They leave their personal belongings at the Nature Center and always are close by to access their things as needed. **Reminder that it is MANDATORY that children are Toilet Trained before attending camp.**

Seedlings Camp daily your child will need: (weather permitting)

Backpack	Swimsuit/Towel
Bagged lunch	Sunscreen/Bug Spray
Water Bottle	Closed Toed Shoes
Morning Snack	Boots
PM Snack (optional)	Extra clothes, shoes, & socks

Campers often ask if they can bring their own personal items from home, and we do not allow it with the understanding that they have a risk of breaking or losing it. We often leave this decision up to the camper and family.

We do go out and explore the trails in in all-weather of course unless it is severe enough to keep us inside where the staff members will have great indoor activities for the campers to experience.

Registration Day Information:

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Summer Day Camp (8:30am – 4:00pm)

Campers will be out and about exploring our 750 acres of property daily and are expected to be able to move and traverse across our diverse landscapes. They carry all of their belongings with them everywhere they go and will be eating picnic style lunches out and about on our trails and different destinations. **Reminder that it is MANDATORY that children are Toilet Trained before attending camp.**

Summer Camp daily your child will need: (weather permitting)

Backpack	Swimsuit/Towel
Bagged lunch	Sunscreen/Bug Spray
Water Bottle	Closed Toed Shoes
Morning Snack	Boots
PM Snack (optional)	Extra clothes, shoes, & socks

Campers often ask if they can bring their own personal items from home, and we do not allow it with the understanding that they have a risk of breaking or losing it. We often leave this decision up to the camper and family.

We do go out and explore the trails in in all-weather of course unless it is severe enough to keep us inside where the staff members will have great indoor activities for the campers to experience.

Registration Day Information:

- Any missing health forms, completely filled out (if you need a new copy of health forms, visit www.bushyhill.org).
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SCOUT Teen Day Camp (8:30am - 4:00pm)

SCOUT Campers will be out and about exploring our 750 acres of property daily and are expected to be able to move and traverse across our diverse landscapes. They carry all of their belongings with them everywhere they go and will be eating picnic style lunches out and about on our trails and different destinations. These campers are interested in obtaining more vast knowledge about the natural world around us through the survival and indigenous skills that our staff teach.

SCOUT Camp daily your child will need: (weather permitting & depending on level of SCOUT)

Backpack	Swimsuit/Towel	Sheath Knife (optional & call for specifics)
Bagged lunch	Sunscreen/Bug Spray	Journal & Pencil
Water Bottle	Closed Toed Shoes	<i>Advanced & Fringe Scout Campers will receive a more detailed list of materials needed before camp starts.</i>
Morning Snack	Boots	
PM Snack (optional)	Extra clothes, shoes, & socks	

Campers often ask if they can bring their own personal items from home, and we do not allow it with the understanding that they have a risk of breaking or losing it. We often leave this decision up to the camper and family.

We do go out and explore the trails in in all-weather of course unless it is severe enough to keep us inside where the staff members will have great indoor activities for the campers to experience.

Registration Day Information:

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- Any medications your child will need while in our care, properly labeled and in original packaging, as well as the accompanying Medication Administration form (one per medication, filled out and signed by your child's doctor) if it was not already sent in prior to the start of camp.
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Bushy Mountain & Counselor in Training (C.I.T.) Day Camp

(8:30am - 4:00pm)

Campers will be out and about exploring our 750 acres of property daily and are expected to be able to move and traverse across our diverse landscapes. They carry all of their belongings with them everywhere they go and will be eating picnic style lunches out and about on our trails and different destinations. **Bushy Mountain campers** are continuing their interest in being a camper through our programming, but also work together in successfully completing a service learning or project building outcome to help them own the property they love. **C.I.T. campers** are seen as staff members in our staff and camper's eyes and will aid in overseeing our campers under the direction of our staff members. They also will be working with their peers and a staff member on bettering their conflict resolution, large and small group control, and teaching tactics and techniques.

Bushy Mountain & C.I.T. Camp daily your child will need: (weather permitting)

Backpack	Swimsuit/Towel
Bagged lunch	Sunscreen/Bug Spray
Water Bottle	Closed Toed Shoes
Morning Snack	Boots
PM Snack (optional)	Extra clothes, shoes, & socks

We do go out and explore the trails in in all-weather of course unless it is severe enough to keep us inside where the staff members will have great indoor activities for the campers to experience.

Registration Day Information:

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OVERNIGHT INFORMATION:

There will be qualified male and female staff members on duty at each overnight, equipped with a camp cell phone and first aid kit. There is also a licensed nurse on the premises and available 24/7.

Camp cell phone (860)581-0433.

There is an additional fee for the overnight experience.

Day Camp Overnights (ages 7-12) \$25 per child

The Bushy Hill Day Campers (**ages 7-9**) have an overnight experience on the **first Thursday** of each session. Drop off is at the field at 6:30pm. **Dinner is NOT served. Breakfast WILL be provided.** Campers *will* set up sleeping spaces (tents welcome) on the Activity Center Field (in the Activity Center if needed) before enjoying *A Place Called Hope's* Owl Presentation @ 7:00pm (all campers and families are welcome to join for the presentation and not stay for the overnight). S'mores by the campfire and evening games will happen after the presentation. Lights out by 9:30pm – 10:00pm.

The Bushy Hill Day Campers (**ages 10-12**) have an outdoor overnight experience on the **second Tuesday** of each session. Drop off is at the field at 6:30pm. **Dinner is NOT served. Breakfast WILL be provided.** We sometimes bring in outside presenters to conduct a great experience for the kiddos (i.e. Star Gazing and more). Campers ages 10-11 will set up sleeping spaces in the tipis before enjoying a sunset hike and s'mores by the fire. Campers in the oldest group (age 12) will set up sleeping spaces on the far side of the tipi pond. Evening activities include going on a night hike (a sensory experience) and enjoying stories and s'mores around the campfire. Lights out by 10:30pm – 11:00pm. Indoor space will be provided during inclement weather.

More information will be provided by your child's counselor.

Bushy Mountain Teen Camp \$30 per child

The Bushy Mountain Teen Campers have an overnight experience on the **second Thursday (this can be adjusted to Wednesday)** of each session. Drop off is at the field at 6:30pm. **Dinner and breakfast ARE provided.** Campers should come equipped to stay the night outdoors (tents are optional. Indoor space will be provided during inclement weather).

At the overnight, campers will take time to select the group's camp site location, set up sleeping spaces, enjoy s'mores, go on a night hike, and retire by the campfire around 11:30pm.

More information will be provided by your child's counselor.

Scout Teen Camp \$30 per child

The Scout Teen Campers have an overnight experience on the **second Thursday** of each session. Drop off is at the field at 6:30pm. **Dinner and breakfast ARE provided.** Campers should come equipped to stay the night outdoors (specifics will be provided by your child's counselor). During inclement weather, an indoor space will be available.

Advanced and Fringe Scout Camps

These are week-long overnight excursions. All meals will be provided. Drop off is at 8:30am on Monday and pick up is at 4:00pm on Friday. More details will be provided by your child's counselor prior to the start of each session. **Prerequisite min 3 years in our Scout Camp.**

SATURDAY OPEN HOUSE

On the *mid-session Saturday* of each session we offer an open house (**FAMILY FUN DAY**) from **11:00am – 1:00pm**. Come with your child, friends, and families to meet the counselors and explore the places they experience throughout their time with us. Typically the kiddos want to be the counselors for the day, however, you are welcome to ask a counselor to give you a tour. You are invited to bring a picnic lunch, family members and friends. Our Nature Center Store will be open as well. The waterfront will be open with lifeguards from 12:00pm – 1:00pm. Please call Jen or speak with your child's counselor for more info.

EXPECTATIONS OF CAMPERS

Please review this list of expectations with your child prior to the start of camp.

We think it is important that you are familiar with the guidelines that we have established in order to provide a safe and nurturing place for campers and staff alike. They go as follows:

- Respect yourself, your peers, your elders and nature.
- Use words that would make your grandmother proud (i.e. no swearing, talk of drugs, alcohol, tobacco, weapons or other inappropriate things).
- Always stay within eyesight and earshot of a counselor.
- Keep your hands and body to yourself.
- Be nice to each other. No fighting or threatening.
- No use of drugs, alcohol, tobacco or weapons.
- Keep all personal property, such as iPods, cell phones, pets, toys and sporting equipment at home.

EXPECTATIONS OF PARENTS

We think it is important for parents to know what our expectations of them are as well.

- Please be on time to pick up or drop off your child at the designated time. If you are running later than 10 minutes behind, please call us to let us know, especially in the afternoon. While no child will ever be left alone, they often start to worry when their ride is later than expected. If you are running late in the morning and will be here after 9:00am, please call so we can have your child's field group wait for them.
- Please make sure all medications that your child needs or might need are either given prior to camp or are sent to camp with your child to take during the day. Please make sure to have medications in original packaging with the pharmacy label. Each medication does require to have its own Medication Administration form, which can be downloaded from our website under the Media and Downloads tab.
- If you know that your child will be picked up early or dropped off late, please let us know the day before (and feel free to remind us that morning too!). Your child's field group may need time to adjust their plans to be in the area on time to meet you.
- If you have any questions or concerns (or compliments!), please do not hesitate to speak with your child's counselor or with Jen, the Summer Camp Director. 860-767-2148 or email Jen at **jen@bushyhill.org**.

The “One, Two, Three” Policy

Campers learn the safety rules on the first day of camp. They are reminded (each day) throughout the session. Campers go over the rules with their field group leaders and make a spoken contract that they have seen, understand and will follow the rules. If a child breaks the rules he or she is first spoken to by his or her field group leader, and his or her parent/guardian is notified. If he or she breaks the rules a second time, he or she will be spoken to by his or her field group leader and the Camp Director, a consequence will be given (i.e. missing a portion of swim time), and his or her parent/guardian will be notified. If a third time should happen, the camper may be removed from the field group, spoken to by the Camp Director, a “community service” given, and/or the parents/guardians will be notified to remove the child from camp.

Parent Communication

The staff of the Bushy Hill Day Camps very much considers itself partners with parents and guardians in the care of your children. We are always willing and happy to discuss any issues regarding your child. Please note, if your child has an illness or injury that will affect their participation in camp activities, you will be notified by the Directors. If there are life-threatening injuries we will activate Emergency Medical Services and then contact you immediately. If the injury is minor (Band-Aid-on-finger or sit-down-in-the-shade kind of care) we will let you know at pick up time. If there is any reason you would like to know about minor injuries immediately, please let us know.

All Forms & Permissions Slips can be found and filled out on our registration page (see the attached *MEDICAL/HEALTH/PHYSICAL FORM & Medication Administration Form*):

www.bushyhill.org/r

www.bushyhill.org (*Medical Form*)



Bushy Hill Health Exam/Record



For Students and Staff
Physical Exams are Valid for 1 Year
From Date of Last Examination

Camper Staff

Please Return Completed Form to the Nature Center

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam / /

___ May participate in all camp activities
___ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO
If yes, indicate names of Medication(s): _____

Does the individual have allergies? YES NO Explain: _____
Is the individual on a special diet? YES NO Explain: _____
Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	YES	NO		YES	NO
Measles			Hepatitis		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____
Medical care provider's address: _____
Medical care provider's: City/Town _____ State _____ Zip Code _____

Signature of Physician, PA, APRN, RN Date Form Signed Telephone Number

Authorization for the Administration of Medication

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, and Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ___/___/___ Today's Date ___/___/___

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ___/___/___ Stop Date ___/___/___

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

I request that medication be self-administered to my child as described and directed above.

Name of Camp _____ Today's Date ___/___/___

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____ Last Name _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink) _____

Medication Administration Record (MAR)

Name of Child _____ Date of Birth ____ / ____ / ____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date:	Time:	Dosage:	Remarks	Was this Medication Self-Administered?	Signature of Person Observing or Administering Medication:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

- Authorization form is complete
- Medication is in original container
- Medication is appropriately labeled
- Date on label is current

Person Accepting Medication (print name) _____ Date ____ / ____ / ____



State of Connecticut Department of Education

Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance? Y N		
Does your child have dental insurance? Y N		

If your child does not have health insurance, call **1-877-CT-HUSKY**

* If applicable

Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.	Signature of Parent/Guardian	Date
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Part II — Medical Evaluation

HAR-3 REV. 4/2010

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____% *Weight _____ lbs. / _____% BMI _____ / _____% Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening	*Auditory Screening	Lead:	Date
Type: <u>Right</u> <u>Left</u> With glasses 20/ 20/ Without glasses 20/ 20/ <input type="checkbox"/> Referral made	Type: <u>Right</u> <u>Left</u> <input type="checkbox"/> Pass <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Fail <input type="checkbox"/> Referral made		
		*HCT/HGB:	
		Other:	

TB: High-risk group? No Yes PPD date read: _____ Results: _____ Treatment: _____

*IMMUNIZATIONS

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

*Chronic Disease Assessment:

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
 If yes, please provide a copy of the **Asthma Action Plan** to School

Anaphylaxis No Yes: Food Insects Latex Unknown source

Allergies If yes, please provide a copy of the **Emergency Allergy Plan** to School

History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II **Other Chronic Disease:**

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.

Explain: _____

Daily Medications (specify): _____

This student may: **participate fully in the school program**

participate in the school program with the following restriction/adaptation: _____

This student may: **participate fully in athletic activities and competitive sports**

participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.

Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap						
IPV/OPV	*	*	*			
MMR						
Measles	*	*				
Mumps	*					
Rubella	*					
HIB	*				Students under age 5	
Hep A						
Hep B	*	*	*			
Varicella	*					
PCV					Pneumococcal conjugate vaccine	
Meningococcal						
HPV						
Flu						
Other						

Disease Hx _____ (Specify) _____ (Date) _____ (Confirmed by)
of above

Exemption

Religious _____ **Medical: Permanent** _____ **Temporary** _____ **Date** _____
Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN DTaP: At least 4 doses. The last dose must be given on or after 4th birthday
Polio: At least 3 doses. The last dose must be given on or after 4th birthday
MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
Hib: Children less than 5 yrs of age need 1 dose at 12 months or older Children 5 and older do not need proof of Hib vaccination
Hep B: 3 doses
Varicella: 1 dose on or after the 1st birthday or verification of disease

GRADES 1-6 DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday
Students who start the series at age 7 or older only need a total of 3 doses
Polio: At least 3 doses. The last dose must be given on or after 4th birthday
MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
Hep B: 3 doses
Varicella: 1 dose on or after the 1st birthday or verification of disease

GRADES 7-12 Td/Tdap: At least 3 doses. The last dose must be given on or after 4th birthday. Students who start the series at age 7 or older only need a total of 3 doses
Polio: At least 3 doses. The last dose must be given on or after 4th birthday
MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
Hep B: 3 doses
Varicella: 1 dose on or after first birthday or verification of disease:
VARICELLA VACCINE: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart
VERIFICATION OF DISEASE: Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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