

# Summer Camp 2010

# Parent Handbook



Mount Desert Island

PO Box 381  
Mount Desert, ME 04660  
207-244-0365  
207-244-3355 fax

[www.campbeechcliff.org](http://www.campbeechcliff.org)

## ***Contact Information***

**Executive Director** – Debra Deal (debra@campbeechcliff.org)

**Director of Camp and Outdoor Education** – Kevin Downey (kevin@campbeechcliff.org)

**Office Manager/Database Administrator** – Brenda Fletcher (brenda@campbeechcliff.org)

**Development and Public Relations Associate** – Heidi Welch (heidi@campbeechcliff.org)

**Volunteer coordinator** – Melissa Walls (melissa@campbeechcliff.org)

**Phone:** 207.244.0365

**FAX:** 207.244.3355

**email:** info@campbeechcliff.org

**Web Address:** www.campbeechcliff.org

**Mailing Address:** PO Box 381, Mount Desert, ME 04660

**Physical Address:** 264 Beech Hill Road, Mount Desert, ME 04660

## ***Camp Beech Cliff Mission***

Our starting premise at Camp Beech Cliff is that children are among a community's greatest assets. Our mission is to foster their healthy physical and social growth by providing outdoor experiences that connect children to the outdoors and build teamwork, self-confidence and self-reliance, the ability to take healthy risks, leadership and relationship development—particularly with their peers and the natural world. We want every child to enjoy being active outdoors, discover new talents, develop attitudes and skills that will serve them for a lifetime, make lasting friendships, appreciate our beautiful natural setting on Mount Desert Island and be inspired to become active stewards of our invaluable natural environments.

## ***Purpose of this Handbook***

This handbook is designed to help parents get to know us and understand the unique camp culture of Camp Beech Cliff. You will find information about our mission and program philosophy as well as details regarding daily routines and schedules. It is our intent that this manual be your reference guide to camp. ***Please pay special attention to any information in bold type.*** We understand that this manual may not answer all of your questions; you are always welcome to call our office with questions or concerns.

## ***Letter from the Camp Director***

Welcome to the camp season of 2010! Once again, we at Camp Beech Cliff are excited about all the possibilities the coming summer has to offer. Over the winter months, we have been busy preparing CBC for another wonderful summer of fun, learning and friendships.

As a professional educator for almost twenty years, I am passionate about providing children with authentic opportunities to grow and learn. I believe that outdoor experiences, especially camp, play an important role in this development. The time to enjoy and explore the outdoors, create friendships, learn new skills, and grow through these experiences is what camp is all about. At Camp Beech Cliff, our primary goal is to provide a safe and nurturing environment for these experiences.

As Director, my second goal is to bring together and develop an experienced, caring staff team. I believe that a great staff is fundamental in providing a great summer for campers. These are the people who will be spending countless hours with your children. Therefore, it is my mission to choose responsible and qualified staff members to take on this challenge, people who are enthusiastic about spending their summers at camp. It is also my task to support them as best I can. This includes being out in the camp activities, being visible and approachable on a daily basis. Through this practice I also hope to get to know many campers each summer.

Camp Beech Cliff has a long and rich history in the MDI community. Traditions such as camper bucks, our core program areas and Fracky Fridays have been with us for years. As we continue to grow and improve camp, it is our intention to maintain a balance of these traditions and new programming. This year, we will continue with the very successful addition of a dedicated coordinator for each of our three grade-based camps - Thunder, Lightning and Quasar – and with the half- and full-day blocks for Quasar Camp.

As we move through the camp season, I encourage you to be a part of your child's CBC experience: attend our Family Fun Days or the Overnight BBQ, come visit camp, or simply talk to your child about their day. Additionally, if there is something you want to share with us, please feel free to contact me at camp.

With health and happiness in the camp season,

Kevin Downey

Director of Camp and Outdoor Education

# ***Table of Contents***

- Absences..... 1
- Arrival At and Pick-up From Camp..... 1
- Behavioral Expectations and Discipline ..... 1
- Camp Licensing and Accreditation..... 2
- Camp Store..... 2
- Camper Participation in Activities ..... 2
- Campers with Special Needs..... 2
- Communication with Camp Office ..... 2
- Daily Schedule..... 3
- Directions to Camp ..... 3
- Family Fun Days ..... 3
- Financial Information ..... 4
- First Day Check-In ..... 4
- Forms ..... 4
- Health and Safety..... 5
- Late Drop-off / Early Pickup ..... 5
- Lice ..... 5
- Lost and Found..... 5
- Medications..... 6
- Overnights on Fridays..... 6
- Special Requests ..... 7
- Sunscreen Recommendations..... 8
- Swimming and Swim Lessons ..... 8
- Tips and Gratuities ..... 8
- Transportation..... 8
- Visitors..... 9
- What to Bring..... 10
- What Not to Bring..... 10

## ***Absences***

Attendance is taken every day when camp begins. If your child will be late or absent, please contact the office as soon as possible, ideally before 8:30 AM, and let us know. A voicemail system is in place for messages if you call the night before. Please leave the message at extension 101 for the Office Manager or email [info@campbeechcliff.org](mailto:info@campbeechcliff.org).

## ***Arrival At and Pick-up From Camp***

Staff members are on hand to supervise your camper from 8:45 AM until 4:00 PM. We cannot be responsible for children on the premises outside of this time frame. We do understand that emergencies arise but we would appreciate your respecting these time constraints. See also "Late Drop-off/Early Pickup."

## ***Behavioral Expectations and Discipline***

Camp Beech Cliff strives to provide a safe environment, both physically and emotionally, for everyone in camp. Camp Beech Cliff emphasizes respect within all aspects of our program. We will be pro-active in teaching, modeling, and reinforcing respect at every opportunity. It will start with our communication with the parents, continue with every contact with our campers, and will then be reinforced by every staff member. Our intention is to make camp a safe and enjoyable experience for all concerned.

Certain behaviors are never tolerated, such as violent language or acts, inappropriate language or acts, and any behavior that we believe may endanger a camper or staff member, either physically or emotionally. Most of the time campers just need a reminder or a gentle redirection. Should the camper persist with behavior that is unsafe, dishonest, uncooperative, or disruptive, he or she may be removed from the group and given the opportunity to talk things over with the Camp Director.

We will do our best to listen to campers' needs and feelings when discipline issues arise. We do not, however, have the resources to work with children one-on-one for extended periods of time during the day. Depending on the situation, the following steps will be taken:

1. Specific strategies will be developed with the camper and staff, and parents will be notified.
2. If the behavior is serious or becomes a consistent issue, the Camp Director will hold a parent conference. The camper may be suspended from camp for an amount of time to be determined by the Camp Director.
3. Repeated instances of problem behavior will be grounds for expulsion from camp. There are, unfortunately, no refunds available for campers who are either suspended or expelled from our programs.

**Bullying and Teasing** - There may be times when the staff is unaware that this type of behavior is going on. If your camper feels bullied and you believe that our staff either doesn't know about it or isn't addressing it appropriately, please call the Camp Director. We will address the situation in an appropriate and timely manner.

## ***Camp Licensing and Accreditation***

Camp Beech Cliff is licensed by the Maine Department of Health and Human Services as a Youth Camp. Camp Beech Cliff has also earned the mark of distinction of being accredited by the American Camp Association. CBC adheres to the ACA standards of quality, health and safety in every area of camp operation. For more information on the accreditation, go to [www.acacamps.org/accreditation](http://www.acacamps.org/accreditation).

## ***Camp Store***

The camp store is open on Family Fun Days, some Friday afternoons or upon special request. Water bottles, T-shirts, baseball caps, and hooded sweatshirts are available for purchase.

## ***Camper Participation in Activities***

Camp should be fun! Camp Beech Cliff is about being outdoors all day, learning new skills, being involved in camp activities, and socializing with friends. We would like to see campers fully participating in activities, but we also realize that kids occasionally need down time. If a camper is consistently not participating in camp activities, we will notify the parents to discuss the situation.

## ***Campers with Special Needs***

We welcome children of all ability levels. If your child has special needs, please call the Camp Director to discuss the safety concerns and staffing needs for your child. If you live locally, we strongly recommend having the parent(s), child, and even the case manager tour the camp and meet with the Camp Director. We want to be sure that your child will be safe and be able to participate in many of the great programs that CBC offers. ***One important consideration – we have generally found that if your child has an aide at school, then he/she will probably need one here.***

## ***Communication with Camp Office***

We want to hear from you! All feedback is welcome whether it's complimentary or critical. The information we get from parents and campers helps us improve the quality of our programs and operations. Here are some important ways to be in touch with us:

- If you have a concern about camp, please contact Kevin Downey, the Camp Director, by either email or telephone (see front page of this handbook). He will be spending most of his time outside with staff and campers to directly oversee camp operations but he'll set aside time each day to be touch with parents. He'll also be briefing the Executive Director on serious matters.
- At the end of the summer, we will be conducting a parent survey. We'll be looking for your overall impressions of camp operations, staff, and programs. Your input to this survey will be gratefully received.
- If you need immediate assistance, please call the office during business hours.

## ***Daily Schedule***

Camp runs from 9:00 - 4:00. There are four 60-minute activity periods and one longer camper choice block.

9:00–9:20	Morning Circle
9:20–10:20	Block 1
10:20–10:30	Snack
10:30–11:30	Block 2
11:30–11:55	Lunch
11:55–12:55	Block 3
12:55–1:55	Block 4
1:55–2:10	Camper Choice Sign-Up
2:10–3:40	Camper Choice Activity
3:40–3:50	Afternoon Circle
3:50–4:00	To Buses/Vans/Parents

All campers will be at the waterfront each day for swimming and/or boating. They will also have the opportunity to swim every day during the camper choice period. Lightning Camp will have some 2-block activities. Quasar Camp will mostly have separate half- and full-day adventures.

Campers will also have the opportunity to participate in various “all camp” events—such as Fracky Fridays, end-of-session performances, and trips to Sand Beach.

## ***Directions to Camp***

From Ellsworth, Maine, follow Route 3 East (toward Bar Harbor and Acadia National Park). At the “Y” just beyond the causeway onto Mount Desert Island, go straight on Route 102 South (toward Southwest Harbor). Continue straight at the traffic light (in Somesville). At the flashing light and fire department at the far end of town, turn right onto the Pretty Marsh Road. Shortly thereafter, turn left onto the Beech Hill Road and follow it for about 2.5 miles. Look for our sign and driveway on the left.

## ***Family Fun Days***

Twice during the summer of 2010 – on July 21 and August 11 – we invite camper families to spend a day (or part of day) at Camp Beech Cliff. Your child does not have to be registered in that particular session, but if not, must be accompanied by an adult. You and your family members will be able to participate in a variety of activities alongside your son or daughter and join us for a free BBQ lunch. You will also have the opportunity to meet the Camp Director and camp staff, Executive Director, and volunteers, such as Board members, who are actively involved with the camp. The camp store will be open on these days.

We understand that work schedules make it difficult for parents to attend a day-time event. Some children may find it upsetting not to have a parent in attendance, so if you are unable to participate we recommend that you talk this over with your camper in advance. You may want to consider having a grandparent, another relative, or family friend attend in your place. We would be happy to have you visit at some other time. Please call the camp office.

## ***Financial Information***

**Deposits** - Deposits are non-refundable after May 15, 2010 with the exception of those paid by Campership applicants (who have a two-week period following notification of Campership award in which they may notify us in writing of a wish to withdraw the camper and receive a return of deposit). If space allows and if we receive a written request at least two weeks prior to the week in question, deposits may be transferred to a different week or to a different member of the same immediate family.

**Payments** - Payment in full for each camp session is due in the office by two weeks prior to the start of the session. If we have not received payment, we may fill your child's spot with a wait-listed child. Campers with overdue outstanding balances will not be allowed to attend Camp.

**Cancellations** - Unless a written request for cancellation is received in the office at least two-weeks prior to the start of a cancelled week, payment in full is expected for that week.

**Insufficient Funds** - We will charge your account \$25 for any check returned for insufficient funds.

## ***First Day Check-In***

All campers must check in between 8:30 AM and 9:00 AM on their first day of the summer at camp. Check-in will take place at tables outside Headquarters (inside, if it is raining). ***This is only required on the first day of the summer that the camper is in attendance at camp.*** Ideally the camper will be accompanied by a parent, but this is not required. Time will be saved if all required forms have been completed in advance and your account is paid up-to-date. In order for a camper to remain at camp for the week, all required forms must have been completed and received and payment must have been received for those sessions which are due.

## ***Forms***

Required forms for attendance at Camp Beech Cliff are (available at [www.campbeechcliff.org/campforms.htm](http://www.campbeechcliff.org/campforms.htm)):

- **Health History Form**
- **Immunization Record** - To be completed on the Health History Form, or send a copy from the doctor's office. If your child is not immunized, we are required by the State of Maine to have on file a written statement from the child's parent or guardian stating that this is the case and the reason for it.
- **Insurance Card** - We need to have a copy of the front and back of the insurance card used for the camper. If you do not have access to a copier, please bring the card to the office and we will make the copies for you.
- **Self-Administration of Emergency Medication** - *This is required ONLY if applicable.* If your child does self-administer emergency medication, we need BOTH sides of this form signed, one by a parent or guardian, the other by the child's Health Care Provider.

## ***Health and Safety***

Camp Beech Cliff strives to make camp a safe place for campers to spend their summer. We work hard to minimize risks and to educate campers about the differences between healthy and reckless risk-taking. We also train our staff to focus on how to prevent accidents and injuries and what to do when they occur. All staff members working with campers are certified, at a minimum, in Basic First Aid and CPR/defibrillator (we have two defibrillators on site). Camp's Health Office is managed by a Health Professional who is a Registered Nurse, EMT or Wilderness First Responder.

All on-site program areas have immediate radio communication capabilities with Headquarters and the Health Professional. Most accidents at camp are minor (scrapes, cuts, bruises, etcetera) and do not prevent a camper from continuing his/her day at camp after receiving basic First Aid. If the Health Professional determines that a camper needs immediate medical attention that cannot be provided at camp, the camper will be taken either to the Emergency Room at Mount Desert Island Hospital in Bar Harbor or to the office of Dr. Kuffler (our camp doctor) in Southwest Harbor. Parents will be notified immediately, and a camp staff member will remain with the camper until a parent arrives. Additionally, if a camper simply needs to go home for the day, parents will be notified.

All off-site programs and all camp vehicles have first aid and safety equipment with them, and information on how deal with emergency situations. Camper health forms (with emergency contact information) are kept at the camp office where the Health Professional is based. The Office Manager (or a designee) is always available to answer calls from 8 AM to 5 PM.

## ***Late Drop-off / Early Pickup***

Campers arriving at camp after morning attendance (9:10 AM) need to be signed in by a parent at the office. Likewise, a camper being picked up early will need to be signed out by a parent or person with written authorization to take the child from camp. Please let the office know ahead of time if your camper will be arriving late or leaving early. This allows us to make arrangements with the staff and camper to be ready when you arrive, especially when a camper is at the waterfront and it takes 10-15 minutes to travel to the office.

## ***Lice***

Much as we hate to think about it, lice ARE a fact of life. Please remind your child or children not to share hats, towels, brushes, combs, or hair ornaments. If we find lice and the condition is serious, the child will be sent home that day for treatment.

## ***Lost and Found***

Each Friday afternoon, Camp Beech Cliff displays lost items. At the end of the summer, unclaimed items (usually 5-6 large containers filled with clothing) are donated to a local charity. ***We highly recommend labeling camper belongings*** - such as clothing, towels, bathing suits, caps, lunch bags, T-shirts and jackets - in permanent ink or with a printed label. Possible sources for clothing labels are Name Labels at [www.namelabels.com](http://www.namelabels.com) or (416) 483-8013 and Bell of Maine at [www.bellofmaine.com](http://www.bellofmaine.com) or (207) 784-2964 x233.

## ***Medications***

All prescriptions and medications must be dropped off with the camp's Health Professional before camp begins and picked up after camp is completed. ***Parents of a camper needing inhalers, insulin, epinephrine or other self-administered medications must inform the Health Professional of these requirements with written documentation from a physician.***

Prescription medication must be in the original container and all medications will be kept securely in the Health Professional's office. Written instructions regarding dosages (frequency and amount) must be provided along with the medication. CBC's Health Professional will administer medication based on these instructions. We recommend that you talk to your child's physician about having the medication dispensed before or after the camp hours.

The Camp Health Professional's office regularly administers the following over-the-counter medications, according to label instructions, to manage illness and injury:

<b><u>Symptom</u></b>	<b><u>Medication</u></b>
Sore throat	Vitamin C drops
Headache	Tylenol/Ibuprophen
Upset stomach	Pepto Bismol
Menstrual Cramps	Ibuprophen/Advil
Poison Ivy	Calamine Lotion/Cortaid

Use the Camper Health Form (page 2) to designate any your camper should NOT be given.

## ***Overnights on Fridays***

Camp Beech Cliff has a longstanding and fun tradition of allowing campers to stay overnight on Fridays. This optional program costs \$35. Groups will be limited to a maximum of 30 children each Friday and have a minimum of 3-6 staff present, including the Camp Director or Camp Coordinator. The overnights are for designated camper age-groups only (see schedule on next page). A child does not have to be registered at camp for that particular week in order to be able to attend the overnight. However, he/she must be brought to CBC with the proper equipment at 4:00 PM on the Friday of the overnight.

The purpose of overnights is to provide a different experience from the day program. Campers will have an opportunity to sleep in a tent, enjoy an evening hike, and sit around a campfire singing songs, hearing stories, and eating s'mores. We may take an evening swim, with waterfront staff in attendance. Overnights happen even if it rains. If weather conditions are extreme, we will move the event inside the Eagles Nest Building and have a great time playing games and cooking there.

Spaces are limited, so register early. Registration forms are available at our website and in the office. If we are overbooked for an overnight, preference will be given to campers who have not had a prior opportunity to participate in this activity, followed by other campers in order by the date registration was received.

Parents of overnight campers are invited to join in for the BBQ cookout, from 5:00-6:30 PM on Fridays.

**Length of Overnight** - Friday 4:00 PM until 9:00 AM Saturday. Pick-up is 9:00 AM Saturday morning at CBC Headquarters.

**Equipment List** – Sleeping bag and pad, pillow, warm clothes, change of clothes, extra towel, bathing suit, water bottle, flashlight, and teddy bear, if needed. Also don't forget the toothbrush and toothpaste. Camp Beech Cliff will supply tents.

**Food** - CBC will provide a dinner and breakfast for the campers and staff attending the overnight. Campers may be asked to assist in the preparation of the food for either meal. Please remind us if your child has dietary restrictions.

**Further Details** - If your child has never attended an overnight before or slept out in the woods, please talk with him/her about the possibility of being homesick or scared. We will do our best to encourage your child to stay at the overnight and enjoy the experience.

**Medications** - Any medications must be checked in with the camp's Health Professional as soon as the camper arrives at camp. The Health Professional and overnight staff **MUST** know what the medication is and when/how it is given. The Health Professional will relay all medical and medication information to an overnight staff member.

This summer's overnight schedule is as follows:

Session 3 – July 9 – Thunder Campers (grades 2-3)

Session 4 – July 16 – Lightning Campers (grades 4-6)

Session 5 – July 23 – Quasar Campers (grades 7-9)

Session 6 – July 30 – Thunder Campers (grades 2-3)

Session 7 – August 6 – Lightning Campers (grades 4-6)

Session 8 – August 13 – Quasar Campers (grades 7-9)

## ***Special Requests***

Camp Beech Cliff provides a great environment for campers to make new friends and to be with people they already know. Campers are assigned to a traveling group within their camp to foster social bonds with campers and counselors. If a camper wants to be placed with a friend or relative in the same group, a written request must be received at least two weeks in advance of the camp session. We will make every effort to honor this type of request but cannot guarantee it since we need to consider group dynamics and scheduling as a whole. Moving campers around on Monday morning or during a session in progress is simply not feasible.

## ***Sunscreen Recommendations***

Campers spend most of their time outdoors while at Camp Beech Cliff. Even on a cloudy day, every camper should apply sunscreen with a minimum SPF of 15 (30+ is preferred) to all exposed skin. We strongly recommend that you send a bottle of lotion (labeled with the camper's name) with your child each day. Staff will help younger children who may be unable to effectively apply their own sunscreen.

## ***Swimming and Swim Lessons***

- Campers will be swimming most days at Echo Lake (weather permitting).
- All campers will participate in a swim evaluation on their first day of camp so that our staff can determine where it is safe for your child to swim or play in the water.
- Camp's swim area is divided into two areas: a shallow area for beginner swimmers, and a deep area for swimmers who have passed the swim test.
- Our certified lifeguards adhere to the Red Cross, State of Maine and ACA regulations. All of our lifeguards are certified.
- As part of our swim program, we offer Red Cross swim instruction especially geared to non-swimmers and beginners.
- Usually two or three times during the summer, a camp group takes a trip to Sand Beach. You will be notified two days in advance of a special trip such as this.
- At the boating area, all campers and staff are required to wear PDFs regardless of a person's swimming ability.

## ***Tips and Gratuities***

Camp policy is that individual staff may not accept tips or gratuities of any type. Making a donation to underwrite a Campership for a child who might otherwise be unable to enjoy a camp experience is a wonderful way to say "thank you."

## ***Transportation***

Camp Beech Cliff offers free transportation from Ellsworth, Lamoine, Trenton, and points around Mount Desert. You must be registered through the camp office to take advantage of this service. The 2010 transportation schedules are available in the CBC office or from both the Camp Forms page and the Transportation page of our website: [www.campbeechcliff.org](http://www.campbeechcliff.org).

**IMPORTANT:** Any changes to a camper's normal transportation arrangements (even if it is a one-time only change) must be submitted to our office in writing, by noon of the day of the change (email acceptable). ***Bus drivers will pick up and drop off ONLY at scheduled stops.*** We cannot make exceptions.

### Other Important Information:

- If there is unclear communication with camp resulting in confusion about a camper's drop-off location and a parent cannot be reached, the camper will be held at camp until picked up by parents.
- Should we learn of any major problems with transportation (i.e. vehicle problems or traffic jams), an attempt will be made to notify parents immediately so that alternate plans can be arranged.
- Traffic is always unpredictable, but this is especially true in our busy summer months. We will do our best to adhere to our schedule, but arrival and departure times can only be estimates.
- Camp Beech Cliff supervises the campers on the bus and at camp (or camp program off-site); it is the parent's responsibility to supervise their son or daughter at the pick-up and drop-off locations. Drivers cannot wait for campers who are not at the stop when the bus arrives, nor can they stay with your child if you are not there for drop-off. Please arrive at least 10 minutes before the scheduled bus arrival/departure time.
- There will be a staff member on the bus with the bus driver to supervise the campers and help with any difficult situations that might arise.
- Transportation is a privilege. Please be sure to inform your children that if they do not follow the basic bus and van rules, the drivers have the right to immediately suspend this privilege.

### TRANSPORTATION RULES

- Stay seated while the vehicle is moving
- Wear a seatbelt whenever one is available
- Bad language is not acceptable
- No open food or drinks are allowed on the bus/van
- Keep hands inside the windows
- Do not throw anything out the windows
- Keep your hands to yourself
- Keep bags and personal items out of the aisle

**Note about camp vans:** Again this year we will be using fifteen-passenger vans for field trips. These recent models have a new stability system, making them safer than earlier models. As has been our practice, all camp van drivers are at least 21 years old, have a clean driving history, and will be tested for driving a van. All vans are inspected weekly and carry emergency equipment.

## *Visitors*

All visitors to camp must check in at Headquarters upon arrival. Parents are free to visit and observe at any time, but they must check in at Headquarters too. If you'd like to have a tour of camp, please call ahead of time to arrange it.

## ***What to Bring***

Camp will be an enjoyable experience if you send your camper with a knapsack or backpack containing the following each day:

- Lunch
- Healthy snacks
- Full water bottle
- Swimsuit & towel
- Sunscreen
- Camera (optional)
- Hat
- Light jacket/sweatshirt
- Sneakers/athletic shoes

Please be aware of weather predictions and prepare your camper accordingly. Unless there is thunder and lightning or a major downpour, we will likely be outside most of the day. Please label all clothing and belongings. ***Because the children are very active and tend to get hungry, we recommend that you pack at least a little bit more nourishment than you might ordinarily.***

## ***What Not to Bring***

Camp does not allow weapons (this includes knives of any kind), trading cards, MP3 Players, iPods, CD Players, radios, Gameboys, cell phones (they don't work here anyway) or any other electronic devices. Camp phones may be used only for communication directly with parents/guardians; they are not to be used by campers to make after-camp social arrangements.

PLEASE NOTE! Camp cannot be responsible for lost or stolen items and we highly recommend that valuable items be left at home.

We look forward to having your child at camp!



# 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)

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

**Immunization History:** Provide the month and year for each immunization. Starred (★) immunizations must be current. 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: \_\_\_\_\_       Negative       Positive

**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: _____		

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)                                   | Ibuprofen (Advil, Motrin)                                     |
| Phenylephrine decongestant (Sudafed PE)                   | Pseudoephedrine decongestant (Sudafed)                        |
| Antihistamine/allergy medicine                            | Guaifenesin cough syrup (Robitussin)                          |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM)                  |
| Sore throat spray   | Generic cough drops   |
| Lice shampoo or cream (Nix or Elimite)                    | Antibiotic cream  |
| Calamine lotion   | Aloe  |
| Laxatives for constipation (Ex-Lax)                       | 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)? .....  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.**





## PRIMARY HEALTH CARE PROVIDER FORM

### Approval For Self-administered Emergency Medication

PO Box 381, Mount Desert, ME 04660  
Phone: (207) 244-0365  
Fax: (207) 244-3355  
www.campbeechcliff.org

As the primary health care provider for \_\_\_\_\_,  
Camper Name

during his/her time at camp, the above listed camper is permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) and self-administer as medically necessary: (Circle all that apply or list other emergency self-medication device.)

- a. Asthma Inhaler
- b. Epinephrine Pen
- c. Other (please list) \_\_\_\_\_

I have read the State of Maine Law below, and confirm that the camper has the knowledge and the skills to have readily available and safely self-administer the indicated emergency medication in camp.

\_\_\_\_\_  
Primary Healthcare Provider signature

\_\_\_\_\_  
Date

Summary of Maine Law on Self Administration of Emergency Medications:

**Recreational camps for children; emergency medication.** A recreational camp for boys or girls must have a written policy authorizing campers to self-administer emergency medication, including, but not limited to, an asthma inhaler or an epinephrine pen. The written policy must include the following requirements:

- A. A camper who self-administers emergency medication must have the prior written approval of the camper's primary health care provider and the camper's parent or guardian;
- B. The camper's parent or guardian must submit written verification to the camp from the camper's primary health care provider confirming that the camper has the knowledge and the skills to safely self-administer the emergency medication in camp;
- C. The camp health staff must evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp; and
- D. The emergency medication must be readily available to the camper.

The full statute may be viewed at:

<http://janus.state.me.us/legis/statutes/22/title22sec2496.html>

**Parent or Guardian signature also required - please see page 2!**



## PARENT PERMISSION FORM

### Approval For Self-administered Emergency Medication

PO Box 381, Mount Desert, ME 04660  
Phone: (207) 244-0365  
Fax: (207) 244-3355  
www.campbeechcliff.org

As the parent or guardian of \_\_\_\_\_,  
Camper Name

during his/her time at camp, the above listed camper is permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) self-administer as medically necessary: (Circle all that apply or list other emergency self-medication device.)

- a. Asthma Inhaler
- b. Epinephrine Pen
- c. Other (please list) \_\_\_\_\_

I have read the State of Maine Law as listed below, and confirm that my child has the knowledge and the skills to safely have readily available and self-administer the indicated emergency medication in camp.

\_\_\_\_\_  
Parent or Guardian signature Date

Summary of Maine Law on Self Administration of Emergency Medications:

**Recreational camps for children; emergency medication.** A recreational camp for boys or girls must have a written policy authorizing campers to self-administer emergency medication, including, but not limited to, an asthma inhaler or an epinephrine pen. The written policy must include the following requirements:

- A. A camper who self-administers emergency medication must have the prior written approval of the camper's primary health care provider and the camper's parent or guardian;
- B. The camper's parent or guardian must submit written verification to the camp from the camper's primary health care provider confirming that the camper has the knowledge and the skills to safely self-administer the emergency medication in camp;
- C. The camp health staff must evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp; and
- D. The emergency medication must be readily available to the camper.

The full statute may be viewed at:

<http://janus.state.me.us/legis/statutes/22/title22sec2496.html>

**Primary Health Care Provider signature also required - please see Page 1!**



Mount Desert Island

## 2010 Overnight Campouts

PO Box 381, Mount Desert, ME 04660  
 Phone: (207) 244-0365  
 Fax: (207) 244-3355  
[www.campbeechcliff.org](http://www.campbeechcliff.org)

**Parents of overnight campers are invited to join in campout activities and the BBQ cookout from 5:00-6:30pm.**

**Registration and Fees** - Overnights are limited to 30 participants. Early registration is recommended. In the event that we are overbooked for an overnight, preference will be given to campers who have not had a prior opportunity to participate in this activity, followed by other campers in order by the date registration was received. Registration forms are available from the camp office and on the web. A child does not have to be registered at camp for that week in order to be able to attend the overnight. However, he/she must be brought to CBC with the proper equipment at 4:00 PM on the Friday of the overnight. There is a \$35 charge per camper for this activity. The \$35 additional charge will be added to the family's invoiced amount, unless payment is sent along with the overnight registration.

**Equipment List** - Sleeping bag, sleeping pad, pillow, rain jacket, warm clothes, change of clothes, extra towel, bathing suit, water bottle, flashlight, and teddy bear, if needed. Also, don't forget the toothbrush and toothpaste. Camp Beech Cliff will provide tents for all campers.

**Food** - CBC will provide a dinner and breakfast for the campers and staff attending the overnight. Campers may be asked to assist in the preparation of the food for either meal.

**Length of Overnight** - Friday 4:00 PM until 9:00 AM Saturday. Pick-up is 9:00 AM Saturday morning at CBC Headquarters Building.

**Further Details** - If your child has never attended an overnight before, or slept out in the woods, please talk with him/her about the possibility of being homesick or scared. We will do our best to encourage your child to stay at the overnight and enjoy the experience. Campers and staff will be camping out in tents in our ball field. In the event of severe inclement weather and safety concerns, campers can be moved inside to our Eagle's Nest building. Overnights are staffed by the Camp Director or the Camp Coordinator in addition to selected camp counselors. We always maintain staff:camper ratios that meet or exceed American Camp Association (ACA) standards for each age group of campers.

**Medications** - Any medications must be checked in with the Camp Nurse/EMT/Wilderness First Responder or Director as soon as the camper arrives at camp. The Nurse/EMT/Wilderness First Responder and overnight staff **MUST** know what the medication is and when/how it is given. The Nurse/EMT/Wilderness First Responder will relay all medical and medication information to an overnight staff member.

### Schedule

Dates of 2010 Overnights	Camp Session	Camp Group Eligible
July 9	3	Thunder Campers
July 16	4	Lightning Campers
July 23	5	Quasar Campers
July 30	6	Thunder Campers
August 6	7	Lightning Campers
August 13	8	Quasar Campers



# Overnight Campout Registration Form

PO Box 381, Mount Desert, ME 04660  
Phone: (207) 244-0365  
Fax: (207) 244-3355  
www.campbeechcliff.org

I give permission for my son/daughter, \_\_\_\_\_

to attend the Camp Beech Cliff overnight on \_\_\_\_\_

He/she is in  Thunder  Lightning  Quasar Camp.

I understand the \$35.00 fee for the overnight will be posted to my account if I do not enclose it here.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Campers attending an overnight must be registered in advance. If you are registering your child for more than one overnight, please indicate which one is first choice as it may not be possible for him/her to attend both if demand is higher than spaces available.**

Parents of overnight campers are invited to join in the BBQ cookout from 5:00-6:30pm.

Overnights are scheduled on Fridays. Attending an overnight is a privilege that is extended to those campers who have shown maturity and regard for the physical and emotional safety of themselves and others. **To register for an overnight, please fill out and send the form above to the office. If payment of the \$35 fee is not included with the registration it will be added to your account.**

The basic plan is as follows: set up camp, play games, have a BBQ cookout, and possibly go swimming or for a night hike. If weather permits, we will also spend time around the campfire, telling stories, making s'mores and enjoying each other's company. Saturday breakfast will be included as well. If your child has never attended an overnight before, or slept out in the woods, please talk to him/her about the possibility of being homesick or scared. Calling home is discouraged. We will do our best to encourage your child to stay at the overnight and enjoy the experience.

**Pick up time is 9:00 am. Please be prompt.**

## WHAT TO BRING (on Friday morning!):

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Sleeping Bag | <input type="checkbox"/> Bathing Suit  |
| <input type="checkbox"/> Sleeping Pad | <input type="checkbox"/> Bug Repellent |
| <input type="checkbox"/> Pillow       | <input type="checkbox"/> Water Bottle  |
| <input type="checkbox"/> Warm Clothes | <input type="checkbox"/> Toothpaste    |
| <input type="checkbox"/> Rain Jacket  | <input type="checkbox"/> Toothbrush    |
| <input type="checkbox"/> Towel        |  |

NOTE: All medications must be checked in with the Camp Nurse/EMT/Wilderness First Responder or Director as soon as the camper arrives at camp. The overnight staff MUST know what the medication is and when/how it is given.

We look forward to having your daughter/son join us for an overnighter!



## 2010 – TRANSPORTATION – All Routes Modified - Effective 02/15/10

PO Box 381, Mount Desert, ME 04660  
Phone: (207) 244-0365 Fax: (207) 244-3355  
www.campbeechcliff.org

<b>BAR HARBOR BUS ROUTE</b>			
<b>Morning Pick-up</b>	<b>Time</b>	<b>Afternoon Drop-Off</b>	<b>Time</b>
Conners-Emerson School	7:55	Camp Beech Cliff	4:00
YMCA	8:00	Somesville One-Stop	4:10
Gen'l Store/Dysarts	8:10	Town Hill Playground	4:20
Eden Baptist Church (next to Bio Lab)	8:20	Eden Baptist Church (next to Bio Lab)	4:30
Town Hill Playground	8:30	Gen'l Store/Dysarts	4:40
Opposite Somesville One-Stop	8:40	YMCA	4:50
Camp Beech Cliff	8:50	Conners-Emerson School	4:55

<b>NORTHEAST HARBOR BUS ROUTE</b>			
<b>Morning Pick-up</b>	<b>Time</b>	<b>Afternoon Drop-Off</b>	<b>Time</b>
Neighborhood House	8:00	Camp Beech Cliff	4:05
Abbey Chapel	8:10	Somesville Fire Station	4:10
Upper Dunbar Road	8:12	Mount Desert Campground	4:15
Otter Creek Market	8:17	Jackson Lab (at blinking light)	4:40
Jackson Lab (at blinking light)	8:22	Otter Creek Market	4:45
Mount Desert Campground	8:38	Upper Dunbar Road	4:50
Somesville Fire Department	8:43	Abbey Chapel	4:52
Camp Beech Cliff	8:47	Neighborhood House	5:05

<b>OFF-ISLAND</b>			
<b>Morning Pick-up</b>	<b>Time</b>	<b>Afternoon Drop-Off</b>	<b>Time</b>
Lamoine Town Office	7:50	Leave CBC	4:00
RF Jordan's (formerly Morrison's Chevrolet)	8:00	Trenton Grange	4:25
Church of Latter Day Saints	8:05	Church of Latter Day Saints (Beechland Rd)	4:40
Trenton Market Place	8:20	RF Jordan's (formerly Morrison's Chevrolet)	4:45
Camp Beech Cliff	8:45	Lamoine Town Office	4:55

<b>QUIETSIDERoute</b>			
<b>Morning Pick-up</b>	<b>Time</b>	<b>Afternoon Drop-Off</b>	<b>Time</b>
St Andrew's Episcopal Church	8:00	Leave CBC	4:00
Cornerstone Baptist Church	8:05	Hall Quarry	4:10
Tremont School	8:15	Seal Cove Shoppes (video store)	4:20
Pemetic School	8:25	Pemetic School	4:25
Seal Cove Shoppes (video store)	8:30	Tremont School	4:35
Hall Quarry	8:40	Cornerstone Baptist Church	4:40
Arrive at CBC	8:45	St Andrew's Episcopal Church	4:45

**Please note: Although there is no fee for transportation this year, children MUST be signed up in order to use it.**