Welcome
Thank you for choosing Camp Farley for your child(ren). The following information is to help you prepare for their arrival. **It is important that you:**
1. Review this entire packet.
2. Complete the included forms and checklists to ensure you are not omitting anything.
3. Submit all required forms to camp. Extra copies of Camp Forms can be printed from the website.

Registration Confirmation
Your confirmation email includes your child's registered weeks/dates and programs. Please review this information carefully upon receipt.
- If there is a discrepancy notify the camp office.
- Additional weeks/programs can be easily added to your existing registration. Call the camp office for more information or go online and simply repeat the registration process.

Payment
The balance due on your account is payable at check-in on the first day of arrival. If a camper signed up for multiple weeks, only the balance for that week is due. You can pay the balance for subsequent weeks when you arrive for those weeks. **We accept: cash, checks, credit cards, and money orders.**

Fast Track Registration
For those parents on a tight schedule, Camp Farley offers the opportunity to "Fast Track" your camper's check-in process. **The Fast Track deadline is 14 days prior to arrival.**

In order to qualify for "Fast Track" you must:
1. Prepay the balance due.
2. Complete and submit **all** required forms.
3. Submit a camper photo. (**We cannot accept photos via email.**)

Camp Contact Information
Address: (Mail & Location) Camp Farley  
615 Route 130  
Mashpee, MA 02649  
Office Phone: 508-477-0181  
Fax: 508-539-0080  
Email: office@campfarley.com

Summer Office Hours: Mon. - Fri. 8:30 am - 5:00 pm (Office is open year round with abbreviated hours)

Directions: Proceed over Sagamore Bridge and take Exit 2 (Sandwich/Mashpee) off Route 6. Take a right at the end of the ramp onto Route 130. Follow for approximately 7 miles. Look for the big Camp Farley sign on your left. If you go by "Anchor Storage" on your right you just passed us. **For GPS:** 615 Main Street

Emergency Contact Information
After hours: Parents can leave a message for the Camp Director via the "Contact Us" section of our website @ campfarley.com. -OR- by texting the emergency number provided at camper check in.

The Fine Print
- There is a $30 fee for returned checks.
- Deposits are refundable on registrations cancelled prior to May 6. After May 6 there are no refunds on cancelled registrations. All cancellations are assessed a $30 handling fee.
• Changes on registrations made prior to June 1 will not incur a fee. After June 1 there is a $10 fee on each change. Deposits are non-transferable after June 1.
• There are no refunds for late arrivals or early departures. Early departures for medical reasons receive a pro-rated refund for the balance of their stay (minus the deposit) based on the number of whole days missed. (A signed doctor's slip must be provided.)

Health Care Policy
We will contact you if:
• Parents of campers with significant illness or injury (that precludes them from participating in the camp program) will be notified by phone to arrange timely pick-up.
• Camper incurs a serious injury or ailment and if appropriate, camper needs to be transported - either by staff vehicle or ambulance - to the Falmouth Hospital in Falmouth.

We will not contact you when:
• You will not be notified of routine infirmary care such as treatment of non-infected bug bites, bumps, scratches or bruises. When appropriate, and through consultation with the camp nurse, children may return to camp after they recover from their injury or illness.
• Under usual circumstances, day campers who are mildly ill or injured will be held in the camp's infirmary until the end of the day (5:00 p.m.) and discharged accordingly.

Medication:
• Camp Farley operates under the Standing Orders of Cape Cod Pediatrics in Sandwich. The Health Care Supervisor (camp nurse) administers camper medications under the provisions of these Standing Orders.
• Please note that if a camper requires an Epipen or inhaler, parents must provide one.

Allergies:
• Allergy sensitive food options are available. See our daily menus on our website @ campfarley.com.
• For severe medical exceptions please contact the camp office.

Health Form
State Law requires that Camp Farley have written verification that camper's immunizations are current. Camp Farley's Health Form must be completed and include emergency contact, insurance and other required information.

• Camp Health Forms cannot be returned.

Overnight Campers:
1. Please complete & sign part 1 of the Camp Farley Health Form (starts on page 9 of this packet.)
2. Complete the immunization chart -OR- provide a copy from your health care provider.
3. Have your camper's provider complete & sign part 2 of the Health Form (page 10 of this packet.) -OR- attach a provider (signed & dated) physical ie: School/Sport Physical.

Day Campers:
1. Please complete & sign part 1 of the Camp Farley Health Form (starts on page 9 of this packet.)
2. Complete the immunization chart -OR- provide a copy from your health care provider.

Visiting Your Camper
For security reasons, we cannot allow parents, relatives or friends to visit when camp is in session. This can also disrupt the camper, as they are busy with their activities. If you feel you must see your child, please contact the Camp Director. Informal camp tours are available. Contact the camp office for information.

Cell Phone & Electronic Equipment
We respectfully request campers do not come with cell phones or internet accessible, or electronic devises. These items may represent a safety issue and distraction and may be damaged, lost or stolen. Items deemed inappropriate for camp will be held in the camp office and returned the day of departure. Camp is not responsible for lost or damaged items.
OVERNIGHT CAMPER DETAILS

Arrival & Check In

- Registration is Sunday from 2:00-4:00 pm @ the Pavilion. Please do not arrive early.
- Obey all traffic signs. Speed limit is 10mph.
- Park in the main parking lot & walk on designated pathways only.

- Pets are not allowed on the camp grounds.
- All completed forms will be collected and reviewed.
- Any balance due for the week is payable at this time.

Cabin Buddy Request

- Buddy requests must be made in advance and should be mutual.
- Camp tries to meet all buddy requests but there is no guarantee that all requests can be honored due to age consideration and cabin size. Please limit the request to 2 campers of similar age.
- Changes to assignments cannot be made upon arrival and requesting a specific cabin is not possible.

Homesickness

Camp Farley has been operating a safe and successful camp since 1934. Camp Farley staff are seasoned professionals who take pride in taking excellent care of your child(ren) and making "camp" a successful experience for your child. One of the most beneficial aspects of the camp experience is for children to feel a sense of independence and self-confidence that is fostered within the camp environment. Some campers may need time to adjust to camp and being away from home, and may become homesick. Our staff has been trained to closely monitor children of signs of homesickness and to help them deal with these feelings.

What you can do:

- Reassure them they will love camp and meet lots of new friends.
- Send a cheerful card, email or care package.
- Do not encourage your child to call home. Based on extensive experience, it has been found that children calling home during the first days of camp usually promotes homesickness.
- Do not tell them you will pick them up if they are not having fun.
- No news is good news! If a child is having a difficult time adjusting camp staff will notify you.

Keeping In Touch

Writing cheerful letters, emails and sending care packages are great ways to keep in touch and campers look forward to receiving these items.

Care Packages:

- Packages can be delivered to the camp office: Camper's Name c/o Camp Farley 615 Route 130 Mashpee, MA 02649

- Care packages cannot contain peanuts or tree nut ingredients. Please use your best judgment when sending food and candy. No refrigerated items please.

Email:

Pre-paid family members can send up to 5 emails / week to overnight campers for $3.00. To send emails please visit our website @ campfarley.com and simply click the link on our home page: "EMAIL CAMPERS"

Pick Up & Departure

All campers leave Friday evening, even those who are returning the following Sunday.

- Arrive between 6:30 - 7:00 pm.
- Pick up luggage @ Pavilion.
- Retrieve medication from the Camp Nurse.
- Sign camper out.

- Closing ceremonies are 7:00-8:00 pm @ Council Grove.
- Pets are not allowed on camp grounds.
- All campers must be picked up by 8:00 pm.
HELPFUL OVERNIGHT CAMPER PACKING & ARRIVAL CHECK LISTS

Parent's Checklist of Must Haves

- Current Camper Photo (this is the most forgotten item)
- Completed Health Form
  - Immunizations & proof of physical within the last 24-months.
  - These forms will not be returned.
- Agreement Statements (signed by both the camper & guardian)
- Horseback Rider Waiver (if applicable)
- Approval of Medications Form. (All medications must be in their original container.)
- Payment (Only the current week's payment is due.)

Tips & Hints for Packing Your Camper

- Camp Farley is not responsible for lost, misplaced or stolen items.
  - Electronics, cell phones etc. are not allowed.
- Label /identify all belongings.
- Make a list of what you are packing. Keep a copy & send a copy as a guide.
- Campers should have at least 1 pair of sneakers to ensure their safety during recreational activities such as sports, games, archery. 2 pairs is suggested.
- Conserve space:
  - Do not use large storage lockers.
  - Do not pack fans.
  - Only pack clothing for the 5-day camp stay.
- All abandoned items are donated to a local charity if not claimed within 2-weeks.

Suggested Camper Packing List

- Sleeping bag or blanket & sheet
- Pillow
- Shorts
- T-shirts
- Long Pants
- Pajamas
- Socks
- Rain Jacket
- Sweatshirt(s)
- Bathing Suit(s)
- Towels - bath, beach, washcloth
- Toiletries - soap, shampoo, Toothbrush, toothpaste
- Flip Flops for shower & waterfront
- 2 pairs of shoes/sneakers
- Non-Aerosol Sunscreen
- Bug Repellent
- Flashlight
- Writing Paper, pens, stamped envelopes
- Optional Items:
  - Fishing gear
  - Disposable camera
  - Musical instrument
  - Book for rest time
- Comb or brush
DAY CAMPER DETAILS

General Arrival Information
- Do not leave your camper unattended.
- Please do not arrive early.
- Pets are not allowed on camp grounds.
- Obey all traffic signs. Speed Limit is 10 mph.
- Park in main parking lot.
- Walk on designated pathways only.

Buddy Request
- Buddy requests must be made in advance and should be mutual.
- Camp tries to meet all buddy requests but there is no guarantee that all requests can be honored due to age & activity. Please limit the request to 2 campers of similar age.
- Changes to assignments cannot be made upon arrival and requesting a specific counselor is not possible.

Check In
- Monday:
  - Registration is 8:30 - 9:30 am @ the Pavilion.
  - All completed forms will be collected and reviewed.
  - Any balance due for the week is payable at this time.
- Tuesday - Friday:
  - 8:30 - 9:00 am @ the Pavilion.
  - Check in your camper with the Assistant Camp Director.

Need an Early Drop-Off?
- Prior arrangements must be made with Camp Office.
- Available Tuesday - Friday.
- 8:00 am is the earliest drop time allowed.
- Cost is $15.00 per child per day.
- Park in main parking lot and walk with your camper to the dining hall to check in.
- Breakfast will be provided.

Pick Up & Departure
- 5:00 pm - 5:25 pm @ the Pavilion.
- Check out your camper with the Assistant Camp Director.

Does Your Camper Need an Early Dismissal?
- Prior arrangements must be made with the Assistant Camp Director at the beginning of the day.
- PLAN AHEAD:
  - For safety & to limit interruption, campers will be dismissed on the hour.
  - Camper will be escorted to the Camp Office at their designated dismissal time.
  - If you did not make prior arrangements your camper will be dismissed on the next "hour."
- YOU MUST SIGN OUT YOUR CAMPER IN THE OFFICE.

Need a Late Pick-Up?
- Prior arrangements must be made with the Assistant Camp Director (or Camp Office prior to 5:00 pm).
- Cost is $15.00 per child per day.
- Park in main parking lot and walk to the dining hall to check out your camper.
- Dinner will be provided.
- Pick up must be by 6:00 pm.
HELPFUL DAY CAMPER PACKING & ARRIVAL CHECK LISTS

Parent's Checklist of Must Haves

- Current Camper Photo *(this is the most forgotten item)*
- Completed Health Form
  Must provide Immunization Records.
  These forms will not be returned.
- Agreement Statements *(signed by both the camper & guardian)*
- Horseback Rider Waiver *(if applicable.)*
- Medications *(All medications must be in their original container.)*
- Payment *(Only the current week's payment is due.)*

Tips & Hints

- Camp Farley is not responsible for lost, misplaced or stolen items.
- Electronics, cell phones etc. are not allowed.
- Label/identify all belongings.
- All abandoned items are donated to a local charity if not claimed within 2-weeks.
- Flip Flops are discouraged.
- Apply Sunscreen prior to arrival.
- Lunch & Snacks are provided. We discourage campers from bringing their own food.
- Allergies?
  - Allergy sensitive snacks and lunch options are available. See our daily menus on our website @ campfarley.com.
  - For severe medical exceptions, with advanced notification, campers are allowed to bring their own lunch.

Suggested Daily Packing List

- Campers should wear or bring sneakers to ensure their safety during activities.
- Bathing Suit & Towel *(regardless of the weather)*
- Appropriate outerwear *(Rain Coat or Sweatshirt)*
- Optional Items:
  - Fishing gear
  - Disposable camera
  - Musical instrument
  - Book for rest time

Camp Farley Outdoor Education Center - CAMPER INFO & FORMS - pg. 6
PARENT / CAMPER AGREEMENT STATEMENTS  
(This form is required for all campers)

PARENT/GUARDIAN RELEASE:

In the event that I am not able to pick up my child, he/she has my permission to leave with the following individual(s):

(please print): Name: ___________________________ Cell #: ___________________________

Name: ___________________________ Cell #: ___________________________

To ensure the safety of my child, it is my responsibility to notify Camp Farley well in advance of any changes in this release agreement. >>> Parent/Guardian Signature: ______________________ Date: ________________

PHOTO RELEASE:

For marketing purposes, I hereby give Camp Farley permission to use my child’s photograph or video picture on Social Media with the understanding that my camper will not be "tagged." >>> Parent/Guardian Initials: __________

I hereby give Camp Farley permission to take my child’s photograph including but not limited to participating in camp’s group picture. >>> Parent/Guardian Initials: __________

CAMPER BEHAVIOR CODE:

★ Incidences involving DRUGS, ALCOHOL and SMOKING will not be tolerated.
★ Camp reserves the right to search camper belongings when warranted.
★ Vulgar language and name calling is offensive and not allowed. Camp has a ZERO tolerance for bullying or hazing of other campers.
★ Lighters, matches, knives or weapons of any kind are not allowed in camp.
★ Spray cans (aerosol or non-aerosol) are not allowed in camp.
★ Cell phones, internet accessible devices, walkie-talkies, and video games are not allowed at camp.
★ The privacy of others must be respected. Campers are not allowed to enter other cabins unless invited by the cabin counselor.
★ We stress respect for others property and all living things. Campers engaging in disrespectful behavior, such as: rough housing, vandalism or physical abuse of any kind may not be allowed to remain at camp.
★ Rules for the waterfront and other areas of camp MUST be obeyed.
★ Campers are not allowed to leave camp without permission.
★ Campers must remain with their cabin or group. Campers may travel with a buddy around camp with a counselor’s permission.
★ Day campers are not allowed in overnight cabins unattended.

PARENT/ CAMPER BEHAVIORAL SIGNATURES:

Camp Farley strives to create a safe place for children and reserves the right to make the determination when or if it may be necessary to have a child withdrawn from the program and to withhold all fees should withdrawal be for purposes of maintaining the welfare or safety of the child or other program participants or for serious violations of this Camper Behavior Code. Camp has the right to send a camper home who displays a pre-existing medical or behavioral condition not disclosed prior to the start of camp and to conduct a search of personal belongings if there is reasonable suspicion that a participant has something in his/her possession that is prohibited (i.e. drugs, alcohol, weapons, electronic equipment). As a camper and parent, we have read and understand these rules and our obligations.

_____________________________ (Camper Signature) ____________________________________________________ (Parent/Guardian Signature)
HORSEBACK RIDER LIABILITY WAIVER
(This form is required for only those campers REGISTERED in the horseback riding program)

Camper Name:_____________________________________
(please print)

Camper / Parent Info:

📍 Camp Farley will provide protective headgear
📍 Campers must wear long pants & hard soled shoes with a heal
📍 No open-toed footwear is allowed

Under Massachusetts Law an equine professional is not liable for an injury to, or death of a participant in equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

Personal Release:

I, ________________________________________________, on this _________________ day
(Please Print Name) (day)
of_______________, hold Camp Farley or CJ’s Ranch, its owners, leaseholders or operators harmless
(month) from any accidental injury or death associated with the handling or caring for horses at Camp Farley located in Mashpee, Massachusetts.

Signed under the pains and penalties of perjury this ______________day of ____________________.
(day) (month)

___________________________________________
Parent/Guardian Signature
HEALTH FORM
(Required for all children attending camp)

You must complete this page and submit it to the camp office. If mailing camper’s forms before arrival, allow 14-days for delivery & processing. Otherwise bring this form with you to check-in.

PART 1: CAMPER INFORMATION (This section must be completed for Overnight and Day Campers.)

Name of Camper: ___________________________ Date of Birth: ______  Age: _____  Gender: ________

Street Address: ____________________________________ City: _____________________  State: _____ Zip: ______________

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Name: _____________________________________ Relationship to Camper: __________________________

Street Address: ____________________________________ City: _____________________ State: _____ Zip: ______________

Day Phone: ___________________________ Night Phone: ___________________________

Name: _____________________________________ Relationship to Camper: __________________________

Street Address: ____________________________________ City: _____________________ State: _____ Zip: ______________

Day Phone: ___________________________ Night Phone: ___________________________

General Health History:

Ever been Hospitalized___ Asthma/Shortness of Breath___ Chest Pain ___ Rheumatic Fever ___

Had Surgery ___ Seizures ___ Fainting/Dizziness ___ Measles ___

Sleepwalking ___ Headaches ___ Diarrhea/ ___ Mumps ___

Bed Wetting ___ Diabetes ___ Constipation ___ German Measles ___

Recent Injury___ Kidney Trouble ___ Chicken Pox ___ Other ____________

Anxiety/Depression ___ ADD/ADHD ___

Describe current physical, mental or psychological conditions requiring medication, treatment or special instructions while at camp
__________________________________________________________________________________________

For Females: Has this person menstruated? ___ If not, has she been told about it? ___ If so, is menstrual history normal? ___

Allergies: No Known allergies___ Food _____ Medicine ___ Environmental ___ Other ____________

Please describe below what the camper is allergic to and the reaction:
__________________________________________________________________________________________

Dietary Restrictions__________________________

Current Doctor: ___________________________ Phone with Area Code: ___________________________

Current Dentist: ___________________________ Phone with Area Code: ___________________________

Insurance Subscriber: ________________ Company: ___________________________ Pol #: ______________

Parent/Guardian Authorization for Health Care: This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment and necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or camp healthcare provider to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for emergency use.

Signature of Parent/Guardian: ___________________________ Date Signed: ______________

*If for religious or other reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.
**PART 1** (cont'd)  Immunization records are required for all campers.
You must provide month/year for each immunization. Starred (*) immunizations must be current.
Or: Provide a copy from a health-care provider (or state or local government). If you are submitting a copy from a health care provider, you must attach it to this form.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Dose 1 Month/Year</th>
<th>Dose 2 Month/Year</th>
<th>Dose 3 Month/Year</th>
<th>Dose 4 Month/Year</th>
<th>Dose 5 Month/Year</th>
<th>Most Recent Dose Month/Year</th>
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<tbody>
<tr>
<td>Diptheria, tetanus, pertussis*(DTaP)</td>
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<td>(4 doses DTP/DTP or 3 doses of TD)</td>
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<td>Tetanus booster *(dT) or (Tdap)</td>
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<td>Grades 7-10 need booster if &gt;5 yrs since last dose.</td>
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<td>Grades 11-12 booster if &gt;10 yrs since last dose.</td>
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<td>Mumps, Measles, Rubella *(MMR)</td>
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<td>1st dose+12 mos or older2nd dose=grades K-12</td>
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<td>Polio* (IPV)</td>
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<td>(3 doses IPV or OPV, or 4 doses mix IPV/OPV)</td>
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<td>Haemophilus influenza type B *(HIB)</td>
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<td>Pneumococcal *(PCV)</td>
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<td>Hepatitis B*</td>
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<td>3 doses if born on or after 1/1/92</td>
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<td>Hepatitis A</td>
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<td>Varicella *(chicken pox)</td>
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<td>Had chicken pox</td>
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<td>Date:</td>
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<td>Meningococcal Meningitis *(MCV4)</td>
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<td>Tuberculosis *(TB) test</td>
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<td>Date:</td>
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**PART 2:** REQUIRED FOR ALL OVERNIGHT CAMPERS (MA State Requirement)

Directions: A report of a physical examination conducted within the last 24 months is required. In lieu of completing PART 2 of this form - If you have a signed, dated health form (ie: sports/school physical) provided by your doctor you may attach and submit a copy (not the original) to camp. If you do not have a form (must be signed, dated) from your doctor you must have the doctor complete & sign PART 2 of this form.

Physical exam done within last 24 months  ____ Yes  ____ No  Date of last physical: ________________

*State laws specify physical exam within last 24 months.*

Month/Day/Year

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

**Allergies:** Please describe below what the camper is allergic to and the reaction

____ No Known Allergies
____ Food
____ Medicine
____ Environmental (insect stings/hay fever/etc)
____ Other (list)

**Current Medications:**

____ No daily medications
____ Will be taking the following prescribed medications while at camp (name, dose, frequency - describe)

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

**Recommendations and/or Restrictions While at Camp**

Do you feel that the camper will require limitations or restrictions to activity while at camp?  ____No  ____ Yes

If yes, what do you recommend?

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

I have reviewed the CAMPER HEALTH HISTORY FORM and have discussed the camp program with the camper’s Parent/Guardian. It is my opinion that this camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Licensed provider: *(please print): ___________________________________________________ Signature: __________________________ Title: _______

Office Address: __________________________________________________________________________ Telephone: __________________________ Date: _______________

Camp Farley  Outdoor Education Center - CAMPER INFO & FORMS - pg. 10  rev. 10/16
PARENT APPROVAL OF MEDICATIONS
(This form is for Overnight Campers unless otherwise directed.)

Camper Name: ___________________________________ Date: ________________________
(please print)

Parents: Please list all medications that your child will be taking or has brought to camp and write in the correct dosage at the appropriate times. Make sure all medications are marked with the camper’s name and are in the original prescription packaging.

<table>
<thead>
<tr>
<th>Prescription Medication Name:</th>
<th>Purpose:</th>
<th>Dose:</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Evening</th>
<th>Other</th>
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Permission for over-the-counter medication:

In the event your child has a need for them, can your child be given the following medications? (Overnight camper's only.)

- Advil  
  Dose: __________

- Benadryl  
  Dose: __________

- Acetaminophen  
  Dose: __________

___________________________________________  __________________________
Parent / Guardian Signature                Date
Meningococcal Disease and Camp Attendees:
Commonly Asked Questions
August 2011

What is meningococcal disease?
Meningococcal disease is caused by infection with bacteria called Neisseria meningitidis. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become deaf, have problems with their nervous system, become mentally retarded, or have seizures or strokes.

How is meningococcal disease spread?
These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is at most risk for getting meningococcal disease?
People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or terminal complement component deficiency (an inherited immune disorder) are at risk. People who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease.

Are camp attendees at increased risk for meningococcal disease?
Children attending day or residential camps are not considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?
There are currently 2 types of vaccines available in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of N. meningitidis that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age. Menveo® is proved for use in those 2 to 55 years of age. Meningococcal vaccines are thought to provide protection for approximately 5 years.

Should my child receive meningococcal vaccine?
Meningococcal vaccine is not recommended for attendance at camps. However, this vaccine is recommended for certain age groups; contact your child’s health care provider. In addition, parents of children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child’s healthcare provider.

How can I protect my child from getting meningococcal disease?
The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don’t have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at www.mass.gov/dph.