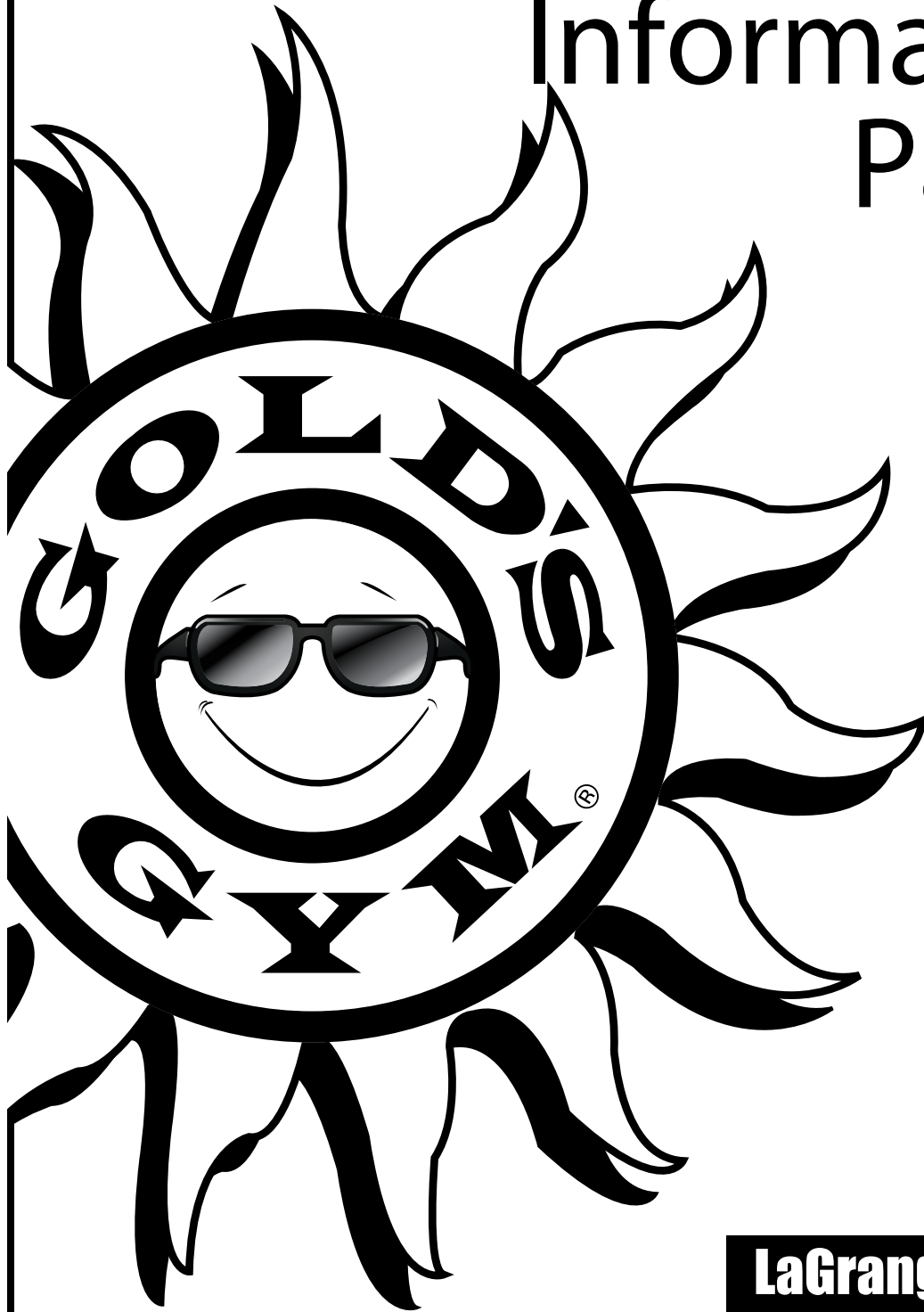


# Important Parent Information Packet



**LaGrange** **2019**

Summer Camps

For more information, contact Rob Misch at 845-926-7829 or email:  
**[robm@goldsgymhv.com](mailto:robm@goldsgymhv.com); [kidslg@goldsgymhv.com](mailto:kidslg@goldsgymhv.com)**

# Important Information

**LaGrange** **2019**

## Summer Camps

**HEALTH FORMS** are due on the first day of camp. New York State Department of Health mandates this. Children will not be allowed to attend camp without these forms completed. Parents may have their own physician fill out our Health Form or may bring their physician's form attached to our form (stapled to back). If form is attached, please be sure to complete all missing information that is required (i.e., emergency contact information). Everyone must complete the top portion of the Gold's Gym Health Form, regardless of the form the physician uses. It is imperative that we have all phone numbers and emergency contact information. Health Forms are available in this packet.

**WAIVERS & RELEASE FORM** is due on the first day of camp. Waiver form is available in this packet.

**PICTURE & VIDEO RELEASE STATEMENT** is due on the first day of camp. Gold's Gym Lagrange may take group and individual photos of children in our camp programs. Still and video images may be used for promotional/marketing purposes. You must sign off for each child attending whether or not you wish your child be photographed or videotaped. Picture & Video Statement is available in the Waivers & Release Form in this packet.

**BIKING AND HIKING ON THE RAIL TRAIL** Gold's Gym Lagrange Summer Camp will be taking hiking and biking trips on the Rail Trail. Campers will be supervised at all times by a qualified staff. Camp staff will be in complete communication with the EMT (Health Staff) on all trips by cell phone. Trips will start and finish at the Gold's Gym LaGrange site. Only campers who pass the bike test will be allowed to go biking on the trail.

**BEHAVIOR:** Camp staff will contact parents of a child who behaves inappropriately during camp. Bullying will NOT be tolerated. If behavior is extreme, parents may be asked to take their child out of camp. No refunds will be granted.

**CAMP "PRESCRIPTION" & "OVER THE COUNTER" MEDICATION FORMS** The New York State Department of Health recommends that these 2 forms be filled out by your child's physician if there is a chance that the child may be taking medications during the camp day. Completed forms must be handed in on the first day of camp with the required Health Form. Camp Prescriptions & Over the Counter Medication Forms are available in this packet.

**MEDICATION & HEALTH CONCERNS** should be explained to the EMT and child's head counselor on the first day of each week that your child is registered for a camp. The EMT will be located in the gymnasium at the EMT table during camp sign-in. An EMT will be located in the Senior Early Arrival/Late Departure room during the early program starting at 7:00am each Monday.

**CHILD DISABILITIES:** As per amendments made in 2016 to the NYS DOH Children's Camp Code, camps have been advised to "identify camper disability information (developmental and/or physical) during the camp's enrollment process." In addition, camps are advised to determine if such children have an "individual treatment, care or behavioral plan that address a camper's unique physical, medical, behavioral and/or social needs." Such a plan is not necessary, but if one exists the details should be shared with the camp.

**LUNCH PROGRAM** Campers will be given the choice of bringing a bag lunch from home or purchasing a lunch from The Fuel4Life Café located on site at Gold's Gym LaGrange. Children who bring a lunch should pack it in a cool lunch box. Cool lunch boxes will be stored in a cool room until lunch time. Refrigeration is available for campers without a cool lunch box. Some camps will eat in the cafe and others will eat elsewhere on site. Children who buy lunches must bring money on the days they would like to purchase lunch.

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# Report of Health Examination

**LaGrange 2019**

## Summer Camps

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Dad's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Mom's Work #: \_\_\_\_\_ Dad's Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**IMMUNIZATIONS**

Vaccine	1st Dose	2nd Dose	3rd Dose	Booster	Booster
Diphtheria-Tetanus-Pert					
Diphtheria-Tetanus-Ped					
Diphtheria-Tetanus-Adult					
Trivalent Oral Polio					
Measles			Other Vaccines		
Mumps			HIB		
Rubella					

**MAJOR ILLNESSES and OPERATIONS**

Physical Examination Date	
Height:	Percentile:
Weight:	Percentile:
Nutrition:	
Orthopedic (posture):	
Orthopedic (feet):	
Skin:	
Eyes:	
Ears:	
Nose:	
Tonsils:	

Teeth:
Thyroid:
Lymph Glands:
Lungs:
Heart:
Blood Pressure:
Pulse:
Abdomen:
Genitalia:
Extremities:
Speech:
Neurological:

**GENERAL ASSESSMENT (comments)**

Is this child capable of participating in the full program including physical activities? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, how must the program be modified to meet the needs of the child? \_\_\_\_\_

Does the child have a history of any allergies? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, list specific allergies along with medication used in treatment.

**OTHER:**

Date: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_

Physician Full Name: \_\_\_\_\_

# Waivers & Releases

# LaGrange 2019

## Summer Camps

Name of Child (Please Print): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Parents (Please Print): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_



### **WAIVER and RELEASE STATEMENT**

I recognize the risk of illness and injury inherent in participating in any recreational activities, including but not limited to sports, exercise, fitness, aerobics, summer camp programs and/or transportation programs. I am allowing my child to participate upon the express agreement and understanding that I hereby, for myself, my child, and/or my heirs, executors and administrators, waive and release any and all rights and claims for damages I and/or my child may have against Gold's Gym and/or the current property owner, their officers, directors, agents subsidiaries, parents, and employees, representatives, successors and assigns for any and all injuries suffered by my child during these programs and/or activities. I give my permission for facility personnel to deliver to or call for a doctor, ambulance, or some designated person in case of an emergency. I hereby execute and deliver this Waiver and Release Statement to induce Gold's Gym and the current property owner, their officers, directors, agents, subsidiaries, parents, employees, representatives, successors, and assigns to permit my child, named below, to participate in their programs and/or activities.



### **PICTURE & VIDEO RELEASE STATEMENT**

Camp staff will be taking pictures and videos during each camp week. If you would not like pictures or videos to be taken of your child(ren), please-let the counselor know at sign-in each day so they are banded. It will make it easier on the staff if all campers who are not allowed to have their picture taken are banded. **It is the parents responsibility to let the counselor know and sign off on the NO PICTURE CONSENT FORM each day when signing the child(ren) in.**



### **RAIL TRAIL BIKING AND HIKING CONSENT**

Gold's Gym LaGrange Summer Camp will be taking hiking and biking trips on the Rail Trail. Campers will be supervised at all times by qualified camp staff. Only Campers who pass the biking drivers test will be allowed to go biking on the Rail Trail. I authorize my child to take part hiking and /or biking on the Rail Trail.



### **OFF SITE CAMP TRANSPORTATION CONSENT**

For the purposes of off site camp activity, I authorize permission for any Gold's Gym Summer Camp Administrator to personally transport my child via motor vehicle in the event that an emergency (such as an injury, fatigue, heat exhaustion etc) dictates such action.



### **DESCRIBE ANY HABITS, CHARACTERISTICS, OR PHOBIAS WE SHOULD BE AWARE OF TO HELP BETTER**

**SERVE YOUR CHILD:** \_\_\_\_\_  
\_\_\_\_\_



### **PLEASE EXPLAIN ANY SPECIAL NEEDS YOUR CHILD MAY HAVE SO WE CAN BE PREPARED TO MAKE THEIR TIME**

**WITH US AS COMFORTABLE AS POSSIBLE:** \_\_\_\_\_  
\_\_\_\_\_



### **DOES YOUR CHILD RECEIVE ANY SPECIAL SERVICES DURING THE SCHOOL YEAR: YES \_\_\_\_ NO \_\_\_\_**

**IF YES, PLEASE EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_



**Parent/Guardian Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

PLEASE PROVIDE AN EXPLANATION BELOW IF YOU DO NOT CONSENT TO ONE OF THE ITEMS ABOVE:

\_\_\_\_\_  
\_\_\_\_\_

For more information, contact Rob Misch at 845-926-7829 or email:  
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# Behavior Guidelines

**LaGrange** 2019

## Summer Camps

The mission of the Gold's Gym Summer Camp is to provide recreational opportunities which will encourage a healthy and active lifestyle.

### **Expectations of Parents:**

- Child's health and emergency information will be kept up to date; Camp Admin will be informed of any changes.
- Children with a fever or contagious illness must be kept home.
- Parents will support expectations of children and the discipline policy.
- Parents will be available, or have an emergency contact that is available, to pick up their child immediately in the event of a health or discipline issue.

### **Expectations of Children:**

We expect the children in our program to be a positive part of the camp: staff will be the model, and children will be guided, to be kind, considerate, caring and helpful.

- Children will be honest
- Children are responsible for their own belongings
- Children are responsible for controlling their own behavior keeping their hands and bodies to themselves
- Children will be toilet trained
- Children are respectful to staff and listen to staff
- Children are respectful to each other conducting themselves in a courteous manner; there will be no bullying
- Children will treat belongings, equipment and the facility with care
- Children will discard of their own garbage
- Children will not bring valuables or electronic equipment to the program
- Children will stay with the group

**If the above rules are not followed we will adhere to the discipline policy below.**

### **Discipline Policy**

The staff will create a warm and caring atmosphere with established rules to ensure the emotional and physical safety of all. There will be consistent consequences to children who have difficulty following the rules that include verbal warning, time out, exclusion from activity, parental consultation, early pick-up by parent, suspension and/or removal from the program without refund.

1st Offense: The child will be warned verbally by a counselor

2nd Offense: The child will be warned along with a 5-10 minute time out from the activity to reflect on behavior

3rd Offense: The child will visit a Camp Administrator and a parent may be called to discuss. The child may need to be picked up for the day. If after the consultation there is a 4th Offense, the parent will be called for immediate pick-up and child may be suspended from further attending camp programs.

The Camp Director reserves the right to ban any child from attending camp based on repeated offenses.

**\*No refunds/prorate refunds will be granted if child is removed because of behavior.\***

**In registering my child for Gold's Gym Summer Camp, I am agreeing to explain the expectations to my child and to support the Expectations and Discipline Policy.**

\_\_\_\_\_  
Child's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

# Medication Form

**LaGrange** **2019**

**Summer Camps**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

**The following form must be completed by the child's physician. If the child will be taking any prescription medication while at camp, the doctor must also complete the reverse side of this form. Camp Nurses are only permitted to dispense medications to the child that are listed on this form by the child's doctor. EMT and RTE certified can supervise the self-administration of medication.**

**OVER THE COUNTER MEDICATIONS** (The following medications are available in the Gold's Gym Health Office)

Drug Name	Route	Dosage and Schedule	Indications	Camper Health Care Provider Order	Comments
Tylenol (or generic)	PO (Chewable, elixir, or tabs) PR (suppository)	Per label instructions by Age/Weight	Pain or Fever	Yes No	
Ibuprofen	PO (Chewable tabs, suspension, or tabs)	Per label instructions by Age/Weight	Pain or Fever	Yes No	
Robitussin (or generic)	PO (syrup)	Per label instructions by Age/Weight	Cough	Yes No	
Pepto-Bismol (or generic)	PO (Liquid or chewable tabs)	Per label instructions by Age/Weight	Upset Stomach, Diarrhea	Yes No	
Kaopectate (or generic)	PO (Liquid or tabs)	Per label instructions by Age/Weight	Diarrhea	Yes No	
Children's Mylanta (or generic)	PO (Chewable tabs)	Per label instructions by Age/Weight	Upset Stomach	Yes No	
Sudafed (or generic)	PO (Tabs or Liquid)	Per label instructions by Age/Weight	Nasal Congestion Eustachian Tube Congestion	Yes No	
Chlorpheniramine	PO (Chewable Tabs, Suspension or Tabs)	Per label instructions by Age/Weight	Seasonal Allergy Symptoms	Yes No	
Soothe-A-Sting Swabs	Topical	Per Label Instructions	Insect Sting (i.e. bee sting)	Yes No	
Dimetapp (or generic)	PO (Elixir or Tabs)	Per label instructions by Age/Weight	Nasal Congestion Seasonal Allergy Symptoms	Yes No	
Benadryl (or generic)	PO/Topical (Elixir, Chewable Tabs or Pills/Ointment)	Per label instructions by Age/Weight	Allergic reactions (hives, insect bite)	Yes No	
Antibiotic Ointment	Topical	Per Label Instruction	Superficial Cuts/Abrasions	Yes No	
Hydrocortisone Cream	Topical	Per Label Instruction	Allergic Reactions (contact dermatitis, or insect bites)	Yes No	
Calamine Lotion (or generic)	Topical	Per Label Instruction	Allergic Reactions (hives, insect bites)	Yes No	

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# Medication Form

**LaGrange 2019**

**Summer Camps**

**PRESCRIPTION MEDICATIONS** (Please complete with the patient's current regime for both scheduled and PRN medications):

Drug Name	Route	Dosage and Schedule	Indications	Camper Health Care Provider Order	Comments

**ADDITIONAL ORDERS** (As deemed necessary by health care provider to be implemented by an RN or supervised self-administration by an EMT or RTE certified staff member)

Camper's Health Care Provider Name (print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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