



4-H CAMP OWAHTA

















A GUIDE TO THE 2023 CAMP SEASON

A guide to packing and view samples of schedules.

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Required camper forms, a checklist and more!

RESIDENT CAMPER
& DAY CAMPER
HANDBOOK

#### 2023 4-H CAMP OWAHTA HANDBOOK Page 2023 2023 Theme Weeks ..... Getting Ready for Summer 3 Camp Policies **Health Medical Information** Code of Conduct 6-8 ..... A Typical Day at Camp Schedule 9 ..... 9 4-H Camp Owahta Store Sunday Arrival – Resident Campers ..... Check Out Time – Resident Campers ..... 10 Packing List – Resident Campers 11 ..... Bus Transportation – Day Camp 12 13 Packing List – Day Campers ••••• Health Form - History 14-17 Medication Authorization Form

## 2023 4-H CAMP OWAHTA SUMMER PROGRAM

Gift Certificates Available! - Choice of 7-different Theme Weeks of Camp Sessions! Where can you go to make new friends, try new activities and

have an amazing adventure every day of the summer? - 4-H Camp Owahta!

**4-H CAMP OWAHTA PROVIDES YOUTH AGES 6 THROUGH 16 (8 TO 15 FOR RESIDENT CAMP)** with enriching, memorable and positive outdoor experiences. Located on over 120 acres of woodland, with over 5 miles of trails, and a beautiful pond, we have been providing over 60 proven years of high quality camping services to the Central New York region.

**REGISTRATION:** We now have registration on-line and payments by check or Credit Card choices. – We provide through our website a link to start your enrollment. If your family is a returning camper, information has been saved to re-enroll for 2022.

Day Camp \$215.00

Theme Weeks 1-6 Per Week
Days -Monday - Friday
Week 7 - \$225.00
Olympics includes T-shirt



## Resident or Tent Camp \$320.00

Theme Weeks 1-6 Fee Per Week
Sunday 1PM - Friday 5PM
Week 7 - \$330.00
Olympics includes T-shirt

## 2023 Theme Days

| Week 1 | June 25-30       | Klondike Day                         |
|--------|------------------|--------------------------------------|
| Week 2 | July 2-7         | Magic Day                            |
| Week 3 | July 9-14        | Superhero Day                        |
| Week 4 | July 16-21       | <b>Camp Competition Week</b>         |
| Week 5 | July 23-28       | Pirates Day                          |
| Week 6 | July 30-August 4 | Disney Day                           |
| Week 7 | August 6-11      | Olympic Week (t-shirt size required) |

## **Program Description: Special Days and Special Weeks**

Weeks 1,2,3,5 & 6 are normal sessions which include fun filled "traditional summer camp" programing every day, and special day programing on Thursday. Traditional camp activities include swimming, sports, arts and crafts, hiking, nature study, and much more!

Weeks 4 & 7 are weeklong programs where campers will do different competitive activities each day!



At 4-H Camp Owahta, we want your child's stay at camp to be a happy, fun-filled and educational experience. The information in this handbook will help you and your child prepare for summer camp.

## PLEASE READ AND DISCUSS THE ENTIRE HANDBOOK WITH YOUR CAMPER

**SLEEP-AWAY** camp is a unique opportunity for a young person to experience independence, self-reliance and a variety of learning opportunities. If you attended camp as a child, share your favorite memories with your child. If your camper has never spent the night away from home before, you might want to arrange an overnight visit with friends or relatives prior to the start of camp.

**Campers** will meet people from diverse backgrounds. We encourage campers to try new things and to participate fully in the camp program. By talking about the camp program ahead of time, you can increase your child's interest and enthusiasm for camp.



## PREPARE YOUR CHILD FOR CAMP.

- 1. Talk to other families who have gone to the camp, share positive experiences
- 2. Have your child spend a weekend with a friend.
- 3. Go over the daily schedule with your child. Learn as much as you can about camp life.
- 4. Teach your child how to care for him/herself. Talk about dressing for the weather, keeping their things picked up, making their bed, etc.
- 5. Problem solve with your child by using "what if" situation. What if you don't get along child? What if you don't feel well? Let your child brainstorm solutions and make sure they know who they should go to with any issues they may have.
- 6. Familiarize your child with the outdoors. Children are unfamiliar with total darkness and country night sounds. Practice walking with a flashlight (not a cell phone).
- 7. Homesickness is fairly common. Speak openly about it. Our camp staff is trained to help your child through these expected ups & downs.
- 8. Communication during camp with your child. Letters & postcards are the best way. Give your child a stamped envelope/postcard so that they may be able to write home or you may send a letter also to the camper.
- 9. Communicate with the Camp officials. Let them know if there are special circumstances or sensitivities regarding your child's well-being or behavior.
- 10. Prepare yourself for your child going off to camp. You have chosen the best camp for your child and he/she will have a wonderful summer full of fun, new friends, new activities and many new and exciting experiences.

**OFFICE HOURS:** There is a staff member in the office from 8:00 AM to 5:00PM. - The phone number is 607-391-2660. After 5:00 PM leave a message – messages are checked frequently and a return call will be immediate once received.

**PHONE CALL POLICY:** The camp phones are for emergency purposes only. Campers are not permitted to receive or make phone calls. Please refrain from calling the camp to check on your child. If there is a problem or unusual situation involving a camper, the Camp Director(s) will contact the parent. If you do not hear from us, you can assume your child is having a good time at camp!

**VISITATION POLICY:** For the **health** and **safety** of our campers attending, only staff and registered campers are allowed in the camp areas when camp is in session. Unannounced visitors communicate with the Camp Director for clearance to be on-site. **No Exceptions.** You, as a parent, might be tempted to visit your child during their camp session. We do not encourage parents to visit campers during sessions, as it is disruptive to the camper's busy camp day, and can ignite homesickness in your camper as well as others. *In special circumstances*, such as an emergency situation or severe illness, parents can communicate with our Camp Director to make special arrangements. We offer alternative ways you can communicate with your child during camp sessions.

**ATTENDANCE POLICIES AT CAMP:** Continuing attendance at camp is contingent on proper enrollment, full payment and appropriate camper conduct. Please note the following policies and procedures.

**CAMPER SESSIONS:** Camper Sessions are scheduled in one-week long increments.

**Resident Campers** are dropped off starting **Sunday afternoon between 1-3PM** and are picked up at the end of sessions on Fridays between 4 & 5PM. (6 weeks of themed camp registrations are available with no over weekend stays). See the schedules, themes and Dates.

Day Campers are transported to the camp via bus or guardian's personal car — Day camp is one week-long Monday-Friday, 9:00 a.m. to 4:00 p.m. (6 weeks of themed camp registrations are available - no over weekend stays). See the schedules, themes and dates and bus schedule.

**REFUND POLICY:** Deposits are nonrefundable. All Cancellations must be done **in writing** for consideration. No refund is guaranteed. We request one-week notice of cancellation.

**EARLY DISMISSALS:** In order for campers to get the most from their camp experience, we do not recommend early dismissal before the end of their full session. However, campers will be excused or dismissed during a session or prior to end of a session for emergencies or upon parent request, after discussion with the Camp Director.

**MEDICAL DISMISSAL**: In the event that a camper becomes ill at camp and is sent home at the discretion of the camp medical staff, there will be no refunds.

**DISMISSAL FROM CAMP**: In the interest of the health and welfare of all campers, those campers who cannot adjust to camp and become a danger to themselves or others, or exhibit a consistent and atypically high level of stress because of inability to adjust to camp, may be sent home by the Camp Director(s) after all camp resources have been exhausted. There is no refund for the remainder of that session.



(A COPY OF THE MEDICAL FORM(S) IS THE BACK OF THE HANDBOOK).

- Forms must be completed and signed by your child's doctor. (Health Form2 -Document Req'd)
- **"Over The Counter"** meds the doctor script will allow our nurse to administer in case a camper has a headache, sore throat or other ailments that an OTC med will take care of.
- ♣ **Medical screening:** on the first day of camp the staff Health Associate, as required by the NYS Dept. of Health, examines all campers and supporting documents. If a child comes to the camp with a pre-existing illness, injury or lice he/she may need to be sent home.
- **Health Safety**: 4-H Camp Owahta meets or exceeds all health and safety standards for children's camps. Fire exiting safety plans and all other emergency procedures are practiced regularly, and fire safety rules are strictly enforced.
- Medical Treatment: Our staff Health Associate is in residence when camp is in session. The infirmary is fully equipped with overnight facilities, should the need arise. In addition, a physician is always on call throughout the summer. Hospital, dental, and optical facilities are nearby if special medical attention is necessary. Parents and insurance coverages are required to assume all costs for any out of camp medical treatment.
- ▶ Medical Insurance: The parent's personal medical insurance is the camper's primary coverage. All campers must have medical insurance coverage is documented to be able to attend camp. All registered campers are covered by excess coverage accident insurance while at camp.

#### MEDICATIONS:

- **A)** All prescription medications, including **INHALERS AND EPI-PENS** must be packed separately and given to the Health Director upon arrival.
- **B)** Medications can be dispensed only by the Health Director (registered nurse).
- **C)** All medications must be in containers with the original lable(s). Prescription meds must include clear dispensing instructions on the original pharmacy label.

### **Prescription medications:**

- Complete name of patient
- Date prescription filled
- Expiration date
- Directions for use/precautions (if any), storage (if any).
- Name and address of dispensing pharmacy
- Name of physician prescribing medication
- **D)** The family doctor must provide clear instructions about the use of prescription medication on the camper <u>Health Care Recommendations</u> form (Health Form2-provided in packet) along with signature of the physician's office.
- E) No camper is permitted to have medications, including vitamins, ointments, or lotions of any kind, on his/her person at camp without the express permission of the Health Director.
- **F)** An additional signature will be required by parents/guardians, allowing sunscreen lotion and mosquito sprays for their camper (form provided in packet).

## **CODE OF CONDUCT AGREEMENT:**

The following guidelines are designed to make your experience at 4-H Summer Camp satisfying to you and to all others attending. Please read carefully and sign the agreement to show that you have read and understand the expectation that we all do our best to adhere to the code of conduct, camp policies and group rules designed to provide the best possible experiences.

Our first priority is to create a safe, inclusive space for learning, sharing, and collaboration welcoming to people from diverse backgrounds, cultures and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration status, sex, gender, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, physical appearance, body size, protected veterans, and individuals with disabilities.

### 1. Respect the rights, property and personal space of others. This means...

- Create a welcoming environment for all. Encourage everyone to fully participate in CCE and 4-H. Recognize that all people have skills and talents that can help others and improve the community though we will not always agree, we must disagree respectfully. When we disagree, try to understand why.
- Rudeness, lack of courtesy, and disrespect for authority will not be tolerated.
- Fighting and threatening physical abuse is not acceptable behavior and may result in being sent home or released from duty immediately.
- Do not touch other camper's belongings.
- Disrespectful, abusive language will NOT be tolerated at camp. NO profanity, racial slurs, verbal bullying or putdowns. Even if this type of language is used in a joking way, it is not appropriate for camp and will not be tolerated.
- Do not damage or deface camp facilities or property. NO graffiti, carving into trees or wooden cabins, or marking any surface in a permanent way. You will be liable for cost of repair.
- Campers cannot visit cabins in the alternate units. No exceptions. This will be treated as a third infraction.
- Campers may not enter any cabins except their assigned cabin without approval from the counselors and arrangement between designated staff for both campers.
- Follow the dress code. All clothing and foot wear is well outlined in the dress code. Clothing that does not meet dress code standards may not be worn at any time during camp.

All clothing must fit securely enough to be non-revealing; that is, enough to protect the modesty of the wearer when the wearer is engaged in any activity one might reasonably be expected to engage in while at camp or when participating in 4-H activities.

This includes, but is not limited to, excessively low-cut shirts and/or blouses; inappropriately short dresses, skirts, or shorts; clothing that bares the shoulders, back, or midriff; and clothing that permits a view of undergarments at any time. In gauging the length of shorts or skirts the following is a rule of thumb – If your arms are extended down by your side then your shorts/skirt must fall at or below the fingertips. Swim trunks or appropriate shorts (no male speedo-style suits). Female suits: One pieces are preferred, two piece suits are ok as long as they are secure to engage in physical activity. It must be a bathing suit apparel.

• Respect and uphold the rights and dignity of all staff, volunteers, families, and youth who participate in CCE and 4-H programs. Follow Cornell Cooperative Extension Non-Discrimination Policy.

## 2. Be concerned for the safety of yourself and others. This means...

- Slowly enter camp at a less than 10 mile speed limit.
- Must wear closed-toe shoes and (permethrin) treated socks for camp activities. Sandals are not safe on uneven terrain and do not protect your feet from injury or biting insects.
- Sleeping area shall be kept neat and free of litter. Dispose of all trash in designated areas. Littering is NOT permitted on camp grounds.
  - No running in camp unless during an organized activity.
- Throwing objects is not allowed unless it is a planned activity such as sports (Throwing rocks, sticks, dirt or other natural items will not be tolerated).
  - No jumping or swinging on the beds or the cabins.
- Campers cannot leave the grounds without an adult, and only in case of an emergency that requires attention from professionals outside of the camp grounds. Campers are not allowed to travel camp grounds unsupervised.
- All prescriptions and over the counter drugs must be given to the Camp Nurse immediately upon arrival at camp. Only the camp nurse can distribute medications of any kind to your child. Please refer to the Medical Information and Guidelines for procedure regarding prescription and over-the-counter medicine at camp.
- No weapons of any kind are allowed at camp. Survival equipment and fishing equipment is provided by camp for related classes. DO NOT BRING KNIVES OF ANY KIND TO CAMP. THEY WILL BE CONFISCATED.

### 3. Camp is a fun experience and everyone is to participate in the planned activities. This means...

- Be on time and ready to participate.
- Being your best self. Respect and follow Cooperative Extension rules, policies, and guidelines that relate to 4-H Youth Programs and Events. Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others
- All participants are expected to follow the schedules as set forth by camp staff. Straying from the schedules can be extremely disruptive and can sometimes even be dangerous.
- Everyone must participate in the camp fire drills. When you hear the bell report immediately to the designated area for head count.
- If illness occurs during a planned activity, camper should report to their designated staff who will report to camp medical staff.
  - "Lights Out" means quiet and in bed.

#### 4. Follow and respect the rules and policies as outlined in our handbook. This means...

- The camp telephone: is only to be used with the permission of one of the following: Camp Director, 4-H Staff or Camp Nurse.
  - Bringing and using cell phones is not allowed (with the wooded areas the tower reception is not good and very little).
  - If a child or teen wishes to make a call, they can contact an adult staff to make arrangements.
- Everyone must check in/out with the Camp Director or designated camp staff when coming or leaving camp.
  - Parking vehicles is allowed in designated areas only.

The following items and activities are NOT allowed and will NOT be tolerated in any way at camp. Campers will be sent home immediately at the first infraction and at their own expense.

Youth will have arrangements made with a parent through the camp director.

- Possession of knives, weapons, firearms, fireworks, matches or other fire starting tools.
- Being under the influence of drugs or alcohol OR possession of drugs or alcohol on camp property. Gambling or betting with money.

- Public display of affection between anyone.
- Physical violence, fighting, threatening/physical abuse.
- Theft, vandalism and/or tampering with emergency equipment.
- Running away from designated camp areas during a session, during any time of day or night.
- Being in restricted camp areas without permission.
- Sexual, racial, religious or any other form of harassment. This includes repetitive, indecent conduct whether it is directed at another person or not.

**CONSEQUENCES:** Depending on severity of the infraction, there are 3 levels of consequences for refusing to - or displaying inability to - adhere to the rules of camp or code of conduct, as listed below. The following steps will be followed if a camper does not abide by the rules of camp or the camp code of conduct.

<u>1st Infraction</u>: Camp staff member or Camp Director will speak quietly in private, or pull person to the side, identify the inappropriate behavior, process with camper, and clarify the rule. Campers may need advice on how to better deal with a particular situation. First infractions are warnings for a camper.

<u>2nd Infraction</u>: Camp Director or camp staff will discuss the inappropriate behavior and give a "time-out" or other appropriate consequence for the behavior. The attitude and/or behavior in question will be discussed and processed, and first infraction will be noted. Camper may develop a plan with a staff member to prevent further infractions. Multiple time-outs may be used daily for reinforcement if necessary. Camper parent may be called, depending on the severity of the behavior or attitude.

3rd Infraction or Any Behavior Listed in # 4 Above: Camp Director or 4-H staff will request parent to pick up camper or to be taken home at their expense and camp fee will not be refunded. Campers will be sent home at their expense. If and when deemed absolutely necessary, additional consequences may include outside resources if and when a situation is beyond our control or our authority. This may include releasing the individual to the nearest law enforcement agency, assessing the cost of damages and repairs in the event of destruction of property. Parents will be notified of any action that must be taken.

In order to provide the best possible experience for everyone, all campers must conform to camp policies and procedures, code of conduct, and group rules. Our goal is to ensure that no camper is hurt or adversely affected by the actions of another camper. We will therefore apply camp rules strictly and consistently.

### THE FOLLOWING BEHAVIORS MAY RESULT IN EXPULSION FROM CAMP:

♦ Non-compliance or Failure to comply with camp rules and reasonable directions of camp staff.

♦ Consistent inability or refusal to comply with camp routines.

♦ Non-participation (cutting classes, refusing to participate in programs and activities.

♦ Recurring disruptive behavior without little or no response to redirection.

♦ Profanity, obscene gestures, indecent conduct.

♦ Fighting, bullying, threatening and other forms of violence or aggressive behavior towards self or others.

 ♦ Theft or vandalism, including damaging, destroying, or defacing personal or camp property.
 ♦ Providing false information.

♦ Severe homesickness or Failure to function (not eating, sleeping, bathing).

♦ Use of cell phone without permission.

#### THE FOLLOWING BEHAVIORS WILL RESULT IN IMMEDIATE EXPULSION FROM CAMP.

#### These behaviors are treated as a third offense.

♦ Possession and/or use of cigarettes, cigars or other tobacco products.

♦ Possession and/or use of matches, lighters, candles, or other combustibles.

♦ Possession and/or consumption of alcoholic beverages.

♦ Possession and/or use of illegal drugs.

♦ Possession and/or use of a weapon, including but not limited to pocket knife, sheath knife, folding knife, slingshot or firearm.

♦ Possession and/or use of fireworks.

♦ Sexual, racial, religious or any other forms of harassment. This includes repetitive, indecent conduct whether it is directed at another person or an indirect, general display.

♦ Leaving camp property without authorization, running away, or being in restricted camp areas without permission.



# A TYPICAL DAY AT CAMP

|            | SAMPLE                         | SC | HEDULE:   |                                 |
|------------|--------------------------------|----|-----------|---------------------------------|
| 7:00 a.m.  | Wake Up/Personal Hygiene       |    | 2:10 p.m. | Fourth Activity                 |
| 7:50 a.m.  | "Revelle" Bugle call           |    | 3:00 p.m. | Fifth Activity                  |
| 8:00 a.m.  | Flag Raising & Morning thought |    | 4:00 p.m. | Free Time / Day Camp Departs    |
| 8:05 a.m.  | Breakfast                      |    | 5:10 p.m. | Flag Lowering/Afternoon thought |
| 8:30 a.m.  | Cabin clean up                 |    | 5:15 p.m. | Dinner                          |
| 8:30 a.m.  | Day Campers Arrive             |    | 5:45 p.m. | Free Time                       |
| 9:20 a.m.  | First Activity                 |    | 6:15 p.m. | Evening Program                 |
| 10:00 a.m. | Second Activity                |    | 6:45 p.m. | Shower Hour                     |
| 10:50 a.m. | Third Activity                 |    | 7:45 p.m. | Snack                           |
| 11:40 a.m. | Free Time/General Swim         |    | 8:15 p.m. | Campfire                        |
| 12:10p.m.  | Waiters Call                   |    |           |                                 |
| 12:20 p.m. | LUNCH                          |    | 9:00 p.m. | Call to Quarters                |
| 1:15 p.m.  | Rest time/                     |    | 9:30 p.m. | "Taps" Bugle Call               |
|            | Day Camp Special Period        |    |           | Lights Out                      |

Schedule subject to change.....

## **4-H CAMP OWAHTA STORE:**

The camp store is a great place for your camper to invest in some camp swag or buy a quick treat!

<u>Camp Swag Apparel</u> – pre-orders must be done upon completing your registration on-line.

4-H Camp T-shirts 4-H Hoodies

4-H Camp Flannel Pajama bottoms 4-H Water bottles Black Corner Drawstring Backpack 4-H Sunglasses

➡ Treats – a designated time daily will be available for campers to check out
the items in the store (cookies, ice pops, candy bars, etc.). – We ask that you
add money to their store account, please do not have cash on site with the
camper.



# SUNDAY ARRIVAL FOR OVERNIGHT RESIDENT 2023 CAMPERS & FAMILIES

- 1. Residential campers should arrive on <u>Sunday afternoon between 1:00-3:00 p.m.</u>
- 2. Check in will take place in the Dining Hall (or Nurse Office).
- 3. Meet some of our staff/counselors on the Dining Hall porch they will tell your child(ren) his or her cabin assignment once the camper has checked in the attendance coordinator.
- 4. Please see the following people for checking in your camper:
  - a) Attendance Coordinator: The Director or Assistant Director will be helping with the camper's assignments, info on the camp store and collecting health records.
  - b) Camp Nurse: if your child takes medications, then please check them in with the nurse. At this time this is a reminder that all medications must have a doctor's written script with dosage/info directing the nurse to administer medications.
  - c) Drop off concludes at 3:30 p.m. the dining hall will be set for dinner at this time and counselors will want to begin. To arrange an option to drop off at an earlier or later time, please contact the Camp Director at **836-6230**.

## **DIRECTIONS TO 4-H CAMP OWAHTA:**

We are located 45 minutes south of Syracuse, NY, and 50 minutes North of Binghamton, NY.

Our address is: 4826 Knecht Rd., McGraw, NY 13101

From ROUTE 81-EXIT #10, travel south - Route 41 through McGraw to Syrian Hill Road. (approx. 3 miles) take left turn onto Syrian Hill Road traveling North approx. 3 Miles to 4-H Camp Road. Entrance is on the <u>right side of the road</u> where our 4-H Camp Owahta sign is.



## **CHECK OUT TIME FOR RESIDENT CAMPERS & FAMILIES**

- ♣ Check out time on Friday, is between 4-5PM for all campers. Late pick up policy: Camp staff must prepare the camp for the next set up by 6PM, if you think you are running late, please leave a message on the camp office phone notifying us 607-391-2660 or 607-836-6230.
- There are times that the camper may have day appointments or evening practices for upcoming events during his/her week of stay. We ask the parent / guardian to please contact the staff at the camp office **607-836-6230** of such times, and that a sign in and sign out sheet is required for the camper leaving and returning to the camp.

## PACKING FOR OVERNIGHT RESIDENTAL CAMP2023

We strongly <u>encourage labeling each and every item</u> that your camper brings to camp. This will assist us in making sure that your child leaves camp with what they brought.

## Here is a list of items that we encourage your child to bling to camp.

- Short Sleeve Shirts 6
- ♣ Long Sleeve Shirts 2
- ♣ Shorts 6
- Long pants 2
- Socks 7
- Underwear 7
- Hat 1
- ♣ Towels (for beach and for Showers) 2
- Pajamas 2
- Sleeping bag (for regular use or for the overnight) 1
- Twin Sheets & blanket (not required, still bring sleeping bag for outdoor overnight)
- Pillow(s) 1
- Shampoo 1
- Soap 1
- Washcloth I
- Deodorant 1

- Toothbrush 1
- ♣ Toothpaste 1
- Floss 1
- Light jacket or hoodie 1
- Raincoat 1
- Hiking boots or rubber boots 1
- ♣ Sneakers 1
- Flip flops (for shower area only) 1
- Sandals for around camp (must have hard sole and heel strap, may have open toe)
- Swim suit Laundry bag (do not use plastic trash bag) I
- Flashlight with batteries 1
- Book for quiet time 1
- Water bottle (label with name) 1
- Writing implements & Paper Selfaddressed and stamped envelopes
- Personal hygiene items as needed

This list is not all exhaustive, and please modify on your child's needs. We look forward to seeing you this

#### What not to bring

- Clothing with illegal or obscene art or language on it.
- Cigarettes, cigars, tobacco products, matches or lighters
- Any and all items considered to be controlled substances
- Candles or lanterns (unless battery operated).
- Food, snacks, gum, etc. (food is not allowed in cabins due to wildlife concerns). ABSOLUTELY NO PEANUTS, NUTS or SNACKS CONTAINING PEANUT BUTTER!
- Potentially dangerous weapons including pocket knives, folding knives, sheath knives, hatchets.
- Hand-held video games
- Personal stereos (cd players, MP3 players, iPod's etc.
- Cell phones, including camera phones (we ask that the camper does not bring a cell phone to the camp due to poor reception, and value in case of loosing it).
- Expensive cameras/jewelry

- Personal sports equipment
- Animals (the living variety stuffed are ok
- Pressurized aerosol sprays are not allowed. Please use pump spray bottles (ex. hair sprays, insect repellents).

The camp Director reserves the right to remove inappropriate items from a camper's possession and return them to the parents on Friday, end of camp week session.

**WHAT NOT TO BRING TO CAMP**: Cell phones and similar electronic Devices Are Not Allowed At Camp.





## **BUS TRANSPORTATION FOR DAY CAMPERS**2023



### DAY CAMP BUS - MON. - FRI. (WEEKLY)

The camp provides bus transportation to and from camp. Campers are expected to observe all safety rules and behave appropriately on the camp bus at all times. The bus is chaperoned by a staff members. Please check online for times for each stop at 4hcamp.org under the day camp tab.

| THE BUS DEPARTS FROM AND RETURNS: (3 STOPS)                       | Morning Pick Up | Afternoon Return |
|-------------------------------------------------------------------|-----------------|------------------|
| Cortland - Cortlandville Town Hall, Terrace Rd, Cortland, NY      | 8:20am          | 4:35pm           |
| Cortland – County Office Building – 60 Central Ave., Cortland, NY | 8:35am          | 4:20pm           |
| McGraw – McGraw Methodist Church , Main St., McGraw, NY 1310      | 1 8:50am        | 4:05pm           |

**BUS CONDUCT** - All campers are asked to follow all safety rules as listed below while being transported by camp vehicles:

- ♦ Campers must remain seated at all times.
- Seat belts must be used. Fasten before the vehicle pulls out and remain fastened until vehicle is off.
- Campers must keep hands and arms in windows and must not throw objects from windows.
- Disorderly behavior is strictly prohibited.
- ♦ Campers are expected to follow the directions as given by the designated bus chaperone(s) or driver.

<u>PERSONAL CAR</u> - Although bus transportation is encouraged, parents may drive their children to camp. Parents should bring campers to camp no earlier than 9:00AM the start of each week on Monday. AM parents/guardians will be required to show picture identification upon entering camp. Please know this policy is for the safety and welfare of your child.

#### **PICK UP TIMES:**

- DAY CAMP Session ends at 4:00 p.m. Daily
- **OVERNIGHT RESIDENT Session on Friday,** all campers must be picked up between 4 & 5PM, unless special communication with the Camp Director.

**DIRECTIONS TO 4-H CAMP OWAHTA:** We are located 45 minutes south of Syracuse, NY, and 50 minutes North of Binghamton, NY.

Our address is: 4826 Knecht Rd., McGraw, NY 13101

From ROUTE 81-EXIT #10, travel south - Route 41 through McGraw to Syrian Hill Road. (approx. 3 miles)

Take left turn onto Syrian Hill Road traveling North approx. 3 Miles to 4-H Camp Road. Entrance is on the right side of the road where our 4-H Camp Owahta sign is.





# INFORMATON PACKING LIST FOR DAY CAMPERS

2023

We are so excited that you are joining us this summer! Many families ask what to pack when sending their child to Day Camp.

We strongly encourage Labeling each and every item that you camper bring to camp

This will assist us in making sure that your child leaves camp with what they brought.

## **REGULAR DAY**

## <u>OVERNIGHT:</u>

(Monday-Friday)(Day Campers may choose to stay on Thursday evening).m Suit TowelSleeping bag1

Swim Suit Towel
Water Bottle (label with name)
Personal Hygiene Items (as needed)
Sneakers (not flip flops or sandles)
Back pack
Rain Gear & rubber boots (rainy weather)

| Pillow                  | 1 |
|-------------------------|---|
| Pajamas                 | 1 |
| Flashlight w/batteries  | 1 |
| Toothbrush & Toothpaste | 1 |
| Deodorant               |   |
| El                      |   |

Floss Soap

Shampoo

Washcloth



| Change of Clothes for Next Day |   |
|--------------------------------|---|
| Shirt or long sleeves          | 1 |
| Socks                          | 1 |
| Pants/shorts                   | 1 |
| Underwear                      | 1 |
| & Personal Hygiene             |   |





- Day campers will be provided with morning snack and lunch while at camp.
- Day campers must have completed health form on file with the Camp Nurse. If your child will need to take medication while on site, they must see the camp nurse. Campers are not able to carry medications with them at camp.

What Not to bring to Camp: Cell phones and similar electronic Devices Are Not Allowed at Camp.



|                                                                                                                                                                   | NSION OF CORTLAND COUNTY<br>AMPER HEALTH HISTORY                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Camper Name: Address: Telephone#: Email:                                                                                                                          | Account#: Birthdate: Age: Grade: Gender: Male / Female                       |
| _                                                                                                                                                                 | he environment (insect; stings; hay fever; etc. ) Other  Ction seen:         |
| Diet/Nutrition: ☐ Eats Regular diet ☐ Eats Vegetarian diet                                                                                                        | <ul><li>□ is lactose intolerant</li><li>□ is gluten intolerant</li></ul>     |
| Restrictions:  □ I have reviewed the program & activities of the camp & f □ I have reviewed the program & activities of the camp & f restrictions or adaptations. |                                                                              |
| Please describe restrictions:                                                                                                                                     |                                                                              |
| MEDICAL INSURAR                                                                                                                                                   | NCE INFORMATION                                                              |
| Name of Insurance Carrier and Type of CoverageAddress of Insurance Carrier                                                                                        |                                                                              |
|                                                                                                                                                                   | ION HISTORY                                                                  |
| Provide the Month and Year must be written for each imme<br>Copies of form from health-care providers or state or loca                                            | unization. Starred (*) immunizations must be current.                        |
| DPT Series:                                                                                                                                                       | Tetanus                                                                      |
| OPV (Polio)                                                                                                                                                       | PCV (Pneumococcal)                                                           |
| Hepatitis A                                                                                                                                                       | Hepatitis                                                                    |
| Haemophilus Influenza Type B  1  MMR Series  Tuber                                                                                                                | Chicken Pox-Varicella  2 3 culin Test <i>Optional</i> - Positive or Negative |
| If your camper has not been fully immunized, please sign the to my child from not being with full immunized.                                                      | e following statement: U understand and accept the risks                     |

| OTHER: ADULT/guardian Names - Relati             | ons to Camper     | Authorized to Pick Camper Up:                    |              |
|--------------------------------------------------|-------------------|--------------------------------------------------|--------------|
|                                                  |                   |                                                  |              |
| MEDICATION: The following non-prescrip           | tion medicatio    | ons may be stocked in the camp Health Center and | are used or  |
| an as needed basis to manage illness and         |                   |                                                  |              |
| Acetaminophen (Tylenol)                          |                   | Ibuprofen (Advil; Motrin)                        |              |
| Phenylephrine decongestant (Sud                  | afed PE)          | Pseudeoedrine decongestant (Sudafed              | d)           |
| Antihistamine/allergy medicine                   |                   | Gualifenesin cough Syrup (Robitussin)            |              |
| Diphenhydramine antihistamine/a                  | llergy medicin    | e Dextromethorphan cough syrup (Robi             | tussin DM)   |
| (Benadryl)                                       |                   |                                                  |              |
| Sore throat Spray                                |                   | Generic cough drops                              |              |
| Lice shampoo or cream (Nix or Eln                | nite)             | Antibiotic cream                                 |              |
| Calamine lotion                                  |                   | Aloe                                             |              |
|                                                  |                   | Bismuth subsalicylate for diarrhea               |              |
| Laxatives for constipation (Ex-Lax)              |                   | (Pepto-Bismol – Kaopectate)                      |              |
|                                                  |                   | tatement / All Yes ANSWERS – please explain belo |              |
| Ever Been Hospitalized                           | Yes or No         | Had fainting or dizziness                        | Yes or No    |
| Ever Had Surgery                                 | Yes or No         | Passed out/had chest pain during exercise        | Yes or No    |
| Have recurrent/chronic illnesses                 | Yes or No         | Had mononucleosis (mono) within past 12 mos.     | Yes or No    |
| Have a recent infectious Disease                 | Yes or No         | If female, problems with periods/menstruation    | Yes or No    |
| Had a recent injury                              | Yes or No         | Have problems with falling asleep/sleepwalking   | Yes or No    |
| Had asthma/wheezing, Shortness of breath         | Yes or No         | Ever had back/joint problems                     | Yes or No    |
| Have diabetes                                    | Yes or No         | Have a history of bedwetting                     | Yes or No    |
| Had Seizures                                     | Yes or No         | Have problems with diarrhea/constipation         | Yes or No    |
| Had Headaches                                    | Yes or No         | Have any skin problems                           | Yes or No    |
| Wear glasses, contacts, or protective eyewear    | Yes or No         | Traveled outside the country the past 9 months   | Yes or No    |
| Please Explain Yes:                              |                   |                                                  |              |
|                                                  |                   |                                                  |              |
| MENTAL EMOTIONAL AND SOCIAL HEAL below.          | ΓH: Circle Yes    | or No for each statement - All Yes ANSWERS - pl  | ease explain |
| Ever been treated for attention deficit d        | isorder (ADD)o    | or attention deficit/hyperactivity disorder      | Yes or No    |
| (AD/DC)  Ever been treated for emotional or beha | wioral difficulti | inc or an eating disorder                        | Yes or No    |
| During the past 12 months, seen a profe          |                   |                                                  | Yes or No    |
|                                                  |                   | camper's life (History of abuse, death of a      | Yes or No    |
| loved one, family change, adoption, fost         |                   |                                                  | TES OF NO    |
| Please Explain Yes:                              |                   |                                                  |              |
|                                                  |                   |                                                  |              |
|                                                  |                   |                                                  |              |
|                                                  |                   |                                                  |              |
|                                                  |                   |                                                  |              |

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# **MEDICAL & HEALTH HISTORY** Family Doctor \_\_\_\_\_\_Phone Number\_\_\_\_ Last Physical Examination Date: \_\_\_\_\_Physician \_\_\_\_ Operations or Serious Injuries (Explanation and Dates): Dietary Modifications: Any specific activities to be encouraged or limited by the camper's physician: Name of Orthodontists(s) \_\_\_\_\_ Phone Number \_\_\_\_\_ What have we forgotten to Ask? Please provide a brief explanation for any of the dated items above or any additional information that may be relevant to the well being of your child or any other child that may be attending camp. \_ \*For The Physicians\* - I believe this child is able to attend camp and participate in all camp activities with the following restrictions and recommendations mentioned in this document or in the space provided below. The 4-H Camp Owahta Health Director has my permission to dispense as directed any medication prescribed by me. Additional Comments or Recommendations: LICENSED PHYSICIAN'S NAME (Print)

Street Address \_\_\_\_\_ City \_\_\_\_ State \_ Zip \_\_\_\_

Licensed Physician's (Signature)

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## PROTOCOL: NURSE/CHECK IN:\* Camper Screening has been conducted according to camp protocol and significant findings noted as follows: Any signs/symptom's of illness or injury upon arrival □ No ☐ Yes as noted below: History of exposure to communicable disease □ No ☐ Yes as noted below: Additions or corrections to information on this health □ No ☐ Yes as noted below: history Medication given to health-care staff □ No ☐ Yes as noted below: Any signs/symptoms of head lice Provider notes: Exit Note: Check one of the following ☐ Left Camp this day with not reported illness or injury symptoms ☐ Left camp this day with the following problem/concern **Details Of Problem** This person was told about the problem and instructed about follow-up as noted above: Date/Time Initials: Parent/Guardian Release Camper Name:

I hereby give permission to the medical personnel to provide routine health care: to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to x-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for me/my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

If the person named herein is a minor, it is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

In the event, that I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.

Camper Agreement: I understand and agree to abide by any restrictions placed on my activity at camp.



## CCE- Cortland 60 Central Ave. Room 140, Cortland, NY 13045

## **Medication Authorization Form**

| Physician: Please Complete/ Attach                                                                                                    | Order                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Please dispense the following medication to                                                                                           | during his/her dates<br>23 .                          |
| Name of medication:                                                                                                                   |                                                       |
| Dosage, Time to be Given:                                                                                                             |                                                       |
| Reason for medication/Diagnosis:                                                                                                      |                                                       |
| Dates to be Given/ Week in Attendance:                                                                                                | sible for lost EPI-pens/Inhalers that are self-carry) |
| Camper may Self Carry (circle one) YES                                                                                                | NO                                                    |
|                                                                                                                                       |                                                       |
|                                                                                                                                       |                                                       |
| (Physician Signature)                                                                                                                 | (Date)                                                |
| (Physician Signature)  Parent: Please Complete                                                                                        | (Date)                                                |
|                                                                                                                                       | <u> </u>                                              |
| Parent: Please Complete                                                                                                               | <u> </u>                                              |
| Parent: Please Complete                                                                                                               | nister the prescribed medication to                   |
| Parent: Please Complete I request that the Camp Health Director/ Nurse admin                                                          | nister the prescribed medication to                   |
| Parent: Please Complete I request that the Camp Health Director/ Nurse admin                                                          | nister the prescribed medication to                   |
| Parent: Please Complete  I request that the Camp Health Director/ Nurse admin  (Name of Campel  Camper DOB: Date:                     | nister the prescribed medication to                   |
| Parent: Please Complete I request that the Camp Health Director/ Nurse admin  (Name of Campel  Camper DOB: Date:  Week in attendance: | nister the prescribed medication to                   |