

## Resident Camp Registration 2018

Calumet, PO Box 236, West Ossipee, NH 03890-0236

Summer Camp Forms on website: [calumet.org/forms>all camp forms](http://calumet.org/forms/all%20camp%20forms)

**All forms must be submitted at the time of registration.**

Name \_\_\_\_\_

Gender \_\_\_\_\_ Age at camp \_\_\_\_\_ Birth date \_\_\_\_\_

Has changed since last year: \_\_\_ Address \_\_\_ Phone number \_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ #Yrs a resident camper at Calumet \_\_\_\_\_

Parent Email/s \_\_\_\_\_

Camper lives with \_\_\_ parent 1 \_\_\_ parent 2 \_\_\_ both \_\_\_ other: \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Denomination \_\_\_\_\_ Church Name \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Do not mail the **Summer Camp Packet**. I will download it from the [calumet.org](http://calumet.org) website. All forms must be completed and submitted with this registration form. *(if you check this, all correspondence will be via email.)*

\_\_\_\_\_ One of the activity options July 1-7 is **Drama Camp**. Please enroll my child.

\_\_\_\_\_ One of the activity options August 12-18 is **Music Camp**. Please enroll my child.

\_\_\_\_\_ During the July 1-7 and July 8-14 sessions, children with developmental disabilities are mainstreamed into Resident Camp. Please sign my child up for Special Needs Camp.

\_\_\_\_\_ I would like additional information about Special Needs Camp.

I wish to bunk with (1 request only) \_\_\_\_\_  
BOTH campers must request each other.

**Reservation office hours: Monday-Friday, 9 am-5 pm. For summer camp information and details about financial assistance, call Bonnie (9-3) at 603-539-3223 x221, email [bonnie@calumet.org](mailto:bonnie@calumet.org), or fax us at 603-539-3385.**

## RESIDENT CAMP

*Please indicate #1 for first choice, #2 for second, etc.*

### 1-Week Sessions

*7 one-week sessions*

**Fee: \$645 \* Deposit: \$225**

\_\_\_ July 1-7\*     \_\_\_ July 29-Aug 4  
\_\_\_ July 8-14\*   \_\_\_ August 5-11  
\_\_\_ July 15-21   \_\_\_ August 12-18  
\_\_\_ July 22-28

### 2-Week Sessions

*1st-time campers limited to one-week session*

**Fee: \$1,290 \* Deposit: \$450**

\_\_\_ July 1-14\*  
\_\_\_ July 15-28  
\_\_\_ July 29-August 11  
\_\_\_ August 5-18

**3-Week Session: July 29-August 18 ♦ Fee \$1,935 ♦ Deposit \$675**

\* 1&2: *Bring-a-Friend (not a family member) new to Calumet & you and your friend receive \$150 off tuition.*

**Please note:** *Weeks 2&3 and 4&5 are not consecutive two-week sessions.*

## ADVENTURE CAMPS

*Must be 13 years of age \* Can be in addition or an alternative to Resident Camp*

**Fee: \$645/week ♦ Deposit: \$225/week**

\_\_\_ **July 1-7: Day Trips: Kayak, Hike, Canoe, or Bike**  
\_\_\_ **July 8-14: Beginner Basics: Camp Skills, Day & Overnight Trips**  
\_\_\_ **August 5-11: Extreme Adventure: Multi-night Backpacking & Canoe Trip**

DEPOSIT of \$225 per week is enclosed.

Refundable up to 4 weeks prior. \$ \_\_\_\_\_

***We hope you will add a donation. Although the tuition fee is \$645 per week, the actual cost is estimated to be \$748 per week. We depend on donations to make up the difference. Thank you.***

Enclosed is my donation. \$ \_\_\_\_\_

If paying by check, make payable to *Calumet*

Or charge to: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV# (digits on back of card) \_\_\_\_\_

***All forms must be submitted at the time of registration.***

# Payment Page

**THIS IS NOT THE REGISTRATION PAGE!**

**PLEASE DOWNLOAD THE REGISTRATION FORM at [www.calumet.org](http://www.calumet.org)**

**TO: CALUMET PO BOX 236 WEST OSSIPEE, NH 03890-0236 TUITION:**

**\$645 per week DEPOSIT: \$225 per week**

Camper's Name: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

- I have downloaded the entire Summer Camp Packet from [www.calumet.org](http://www.calumet.org)

**BUS/VAN, if applicable: PLEASE indicate dates and location**

- Round-Trip** dates: \_\_\_\_\_

- One-Way** date: \_\_\_\_\_

Newington

Vernon

Worcester

Waltham

HEALTH FORM enclosed \_\_\_\_\_ yes \_\_\_\_\_ no

CAMPER PICK-UP FORM enclosed \_\_\_\_\_ yes \_\_\_\_\_ no

CAMPER COUNSELOR LETTER enclosed \_\_\_\_\_ yes \_\_\_\_\_ no

PARENT COUNSELOR LETTER enclosed \_\_\_\_\_ yes \_\_\_\_\_ no

TUITION Balance enclosed ..... \_\_\_\_\_

SOUVENIER Order..... \_\_\_\_\_

\$75 Late Paperwork Fee ..... \_\_\_\_\_

BUS Fee, if applicable..... \_\_\_\_\_

Newington One Way \$76 Round Trip \$94

Vernon One Way \$76 Round Trip \$94

Worcester One Way \$72 Round Trip \$88

Waltham One Way \$72 Round Trip \$88

TOTAL ENCLOSED ..... \_\_\_\_\_

**CABIN FRIEND REQUEST**

I wish to bunk with **(ONE Request Only)**

***BOTH campers must request each other.***

***We will do our best to honor all requests.***

***Additional requests cannot be guaranteed.***

We hope you will add a donation to your payment. Although the tuition fee is \$645 a week, the actual cost is estimated to be \$770 a week. We depend on donations to make up the difference. Thank you.

Make checks payable to CALUMET or: Charge to \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_ Discover

Credit cards will be charged total amount due unless other amount is indicated.

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Print name on card \_\_\_\_\_ Signature \_\_\_\_\_

# CAMP CALUMET

Information for Campers, Parents and Guardians

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

Resident Camp Office 603 539 3223 x221

[bonnie@calumet.org](mailto:bonnie@calumet.org)

## WELCOME TO CALUMET!

We're excited to have your camper at Calumet this summer. Please read the information in this packet carefully to ensure the best experience possible for you and your camper. Feel free to contact us with any questions or concerns.

Calumet is a residential summer camp for boys and girls ages 8 to 18. For 58 summers excited campers have arrived at Calumet to find experienced and well trained counselors waiting for them. Most counselors were campers themselves and many are certified in CPR, First Aid and Red Cross Lifeguarding.

Calumet is operated on behalf of the congregations of the New England Synod of the Evangelical Lutheran Church in America (ELCA). Admission is on a first-come, first-serve basis and will be provided regardless of race, sex, color, national origin or religion.

**There is a lot of paperwork that needs to be done to ensure that your child has a safe and enriching camp experience.**

**Please fill out the necessary paperwork as fully and accurately as possible and return it to us with the registration page. Completed forms are required in order to register your child.**

**Together we can make this the best Calumet summer ever!**

**PLEASE NOTE:**

Please make copies of all paperwork before you send it along to us.

Health Exam needed - call and make your child's doctor's appointment now! If your child's status has changed since their last physical, please be sure to provide us with updated info.

Campers are not allowed to have electronics: cell phones, electronic games, CD players, Ipods, etc.

## BEFORE COMING TO CAMP

**Calumet requires that you and your health care provider complete a new Health Form every year.** New Hampshire State Law requires a health exam within 2 years of camp attendance. Enrollment will be denied to campers who do not have their Health Form completely filled out and properly signed. A new Calumet Health Form must be completed each year including the Health Care Recommendations which must be signed by your health care provider. **A standard form stating your child is cleared for camp/sports activities may be substituted for our form.** Either form must be signed and dated within the last year.

**The Reservation Office must receive at least 4 weeks prior to arrival at camp:**

- Tuition balance
- Bus Fee, if using Calumet transportation
- A current copy of a school, sports or well-child physical, including an immunization record

### **CHECK IN ON SUNDAY:**

- Check in time is 2:00-3:30 pm on Sunday. **No campers will be allowed to check in prior to 2:00 pm.** Arrivals after 3:30 pm may experience some inconvenience because staff and campers become involved with program activities.
- Campers arriving by car should look for the sign indicating SUNDAY REGISTRATION. You will be greeted and checked-in there. If all your paperwork and financial details are in order, you will be sent directly to your cabin or tent; otherwise, you will be sent to see the registrar who will be at a picnic table in front of the Resident Camp Office. Once the check in process begins at 2:00 PM, campers are moved quickly to their cabins.
- Due to limited parking on camp, check in of campers arriving by car will not begin until campers arriving on buses are checked in and buses have left the parking areas.
- Please clearly mark the camper's name on all luggage, sleeping bags, pillows, etc.
- Optional tours of Calumet for parents begin from the front of the Resident Camp Office throughout Sunday afternoon. Campers will receive a tour as part of their orientation.
- A camp nurse will be available at the Health Center to take medications and discuss any medical concerns you might have regarding your child.
- We request that all parents and visitors leave the resident camp area by 3:45 on Sunday so that campers and counselors can begin their orientation and tours of camp.
- Sunday worship is at 10 am in the Outdoor Chapel (rain location Luther Hall). Guests are always welcome to worship.
- A reasonably priced BBQ lunch is offered from 12–2 pm at the Family Camp Beach (rain location – Conference Center). Everyone is welcome!

### **CHECK OUT ON SATURDAY:**

- Check out time is 9:30-11:00 am on Saturday. Campers should be picked up at their cabin/tent. Go directly to the area you parked at when you dropped off your camper.
- **Campers will be released only to the person(s) designated by the parent/guardian on the enclosed Camper Pick-up Form.** We require the signature, and identification may be requested, of the person who is picking up your child (INCLUDING PARENTS) both at camp and at the bus pick-up location.
- We require written notification, with a signature, of any changes to the camper pick up form. We will accept changes from the parent or guardian who filled out the original form.
- Parents should pick up camper medications at the Health Center before departing for home. Medications which are not claimed will be destroyed.

### **BUS INFORMATION:**

Calumet Charter Transportation is available to and from four locations: Waltham, MA, Worcester, MA, Vernon, CT, and Newington, CT. Reservations are required and subject to availability. Information, including directions as well as arrival and departure times, is available on our website at [www.calumet.org](http://www.calumet.org). **Bus additions and cancellations must be made no less than one week prior to arrival or departure. Any cancellations made less than one week prior to arrival or departure will result in a forfeiture of fees.**

### **CABIN ASSIGNMENT:**

Campers and their counselors live in rustic cabins with bunk beds and limited space for personal belongings. Cabins are assigned by camper age. Cabin groups are decided based on the needs of the whole camp community. **Mutual** requests from your child and **one** friend for the same cabin will be honored if they are the same age and attending the same session(s). **The request must be made on the registration form.** Additional requests cannot be guaranteed. **Cabin changes are not made on registration day.**

### **FOOD ALLERGIES:**

The Calumet kitchen staff will work with your child to accommodate food allergies. If your child has a food allergy, please be sure that your child is aware of this allergy, the types of food that may contain this allergen, and the symptoms related to consuming this allergen. Your child should feel comfortable advocating for him/herself in regards to communicating with the kitchen staff about which foods potentially contain the allergen. If your child's allergies significantly limit the types of food your child is able to eat we suggest sending a bag of "safe" prepackaged foods that can be kept in the dining hall and/or Snack Bar. Campers and their counselors have access to a small microwave, if needed. If your child has significant or life-threatening allergies you may want to consider a camp that specializes in food allergies.

### **EYEGASSES, RETAINERS, ETC:**

Children play hard at Calumet and mealtimes are extremely busy. If your child wears eyeglasses or an orthodontic appliance such as a retainer, please create a plan with your child prior to arrival at camp regarding the care of their eyeglasses and retainers.

## MEDICATIONS:

- Any medication that a doctor requires to be administered at camp must be in its original pharmacy container labeled with the name of the person, name of the medication, dosage, and frequency of administration. Please send only the correct amount of medication. Your physician's written authorization to administer medications both prescribed and over-the-counter (including vitamins) not on the over the counter list must appear on the health form.
- All medicines are kept in the Health Center and administered by our nurses. The exceptions are: off-camp trips when Calumet staff gives medications under the direction of the nurse; and asthma inhalers and epi-pens with the written authorization from your health care provider for self-administration.
- Do not send over-the-counter medications listed on page 2 of the Health Form **unless** it is prescribed for daily use by a doctor. Our Health Center is well stocked with first aid and other medications for any conditions that might arise. A parent/guardian signature giving permission for your child to have these over-the-counter medications administered if necessary is required. Please cross off any medication that you do not want your child to be given.
- At the end of the camping session, parents should pick up medications at the Health Center before departing for home. All medications not picked up will be destroyed.

## HEALTH POLICIES:

Calumet reserves the right to refuse admittance or dismiss from camp any person with a communicable disease, infection, or infestation. The Camp Director, in consultation with the Camp Nurses and/or Health Care Provider, will make this decision. Calumet has a Health Care Provider on call and three nurses in residence. We will call and inform you of any major medical situation. A Health and Accident Insurance Policy covers all Campers. The limits are as follows: Principal sum...\$2,500; Injury...\$2,500; Sickness...\$750; Dental accidents...\$500

## VISITORS:

Campers are not allowed to have visitors (even parents) during the time of their session at Calumet.

## CORRESPONDENCE:

- **WRITE LETTERS and send cards to your child.** Campers love to receive mail. Address letters to:  
Camp Calumet  
Camper's Name  
PO Box 236  
West Ossipee, NH 03890
- **Do NOT send packages.** All packages are opened by the camp directors. Necessary items (not candy or food) will be delivered to your camper. Other items may be picked up in the office upon departure. Please notify friends and family of this policy.
- You may send a fax to your child at 603 539-5343. Campers are not allowed to send faxes. Please include your camper's name and cabin assignment.
- Campers are encouraged to write home at least once a week. It helps if your child comes to camp with pen, paper, and pre-addressed, pre-stamped envelopes.

- Campers are not allowed to make or receive phone calls. When children come to camp, they - and you – are making a leap of faith, transferring their primary care from you to us. This is one of the growth-producing, yet challenging aspects of camp. As children learn to trust other caring adults, they grow and learn, little by little, to solve some of their own challenges. We believe this emerging independence is one of the greatest benefits of camp. It is one important way our children learn to become resilient. You can help by talking with your child before they leave for camp and explaining that there is always someone available to help them solve a problem – their cabin counselor, the unit leader, or any staff member they trust.

#### **TO PREVENT HOMESICKNESS:**

Campers don't often stay homesick for very long at Calumet; they are too busy! You can help in the following ways:

- Assure your child that you want him or her to be able to go to camp because you love them so much.
- Write cheerful letters. News of what is happening to you is okay; talking about how much you miss your child or what your child is missing by being at camp is not a good idea. Please don't write to your child to report family tragedies.
- Let your child know ahead of time that he or she will be at camp for the whole week or two. It encourages homesickness if you say you will come get your child if he or she does not like camp.
- Please call if you have any questions or concerns during the time your child is at Calumet.

#### **GROUP PHOTO:**

A photo will be taken of your child with their "unit" on Monday morning (units are made up of 5 or 6 cabin groups). Every camper will receive a 5 x 7 photo of their unit group at the end of the week.

#### **TSHIRT:**

Calumet has a special yearly t-shirt. This t-shirt may be ordered on the online registration site *or* it may be purchased at the Snack Bar Store on registration day. There is a large selection of souvenir items at the Snack Bar Store.

#### **OUR PROGRAM:**

Our program is based on a few simple principles - friendship, fun, responsibility, and faith in God. A good deal of time is spent doing activities with the cabin group. They do all kinds of enjoyable activities together. Water games in the swimming area, canoe and sailboat trips, capture the flag, or any number of wild and zany group games we have invented - games that don't necessarily depend on athletic ability. We have a super group-challenge obstacle course, as well as traditional games like soccer, softball, basketball, and volleyball. Cabin groups sometimes hike to Jackman's Ridge or have a cookout in the picnic area. Sometimes they have a meal on the pontoon boat or sleep under the stars around a campfire on the beach. They talk with each other about typical concerns of their age group; the counselor guides Bible Studies and inspirational devotions. They enjoy evening programs together - our games have become famous because they are fun and full of adventure. Afternoons at Calumet are great! After orientation on Sunday afternoon, campers choose three activities in which to participate for the week. There is no shortage of choices, with each of our

departments offering great activity options during each period. We have program departments of Arts and Crafts, Swimming, Boating, Field Sports, Photography, Planet Earth, and Music & Dramatics. Swimming is a required activity for our younger campers. There are lots of choices - every one of them fun and educational.

Two-week campers may go on trips over the weekend and campers age 12 or older may go on overnight trips. Campers on these trips will be transported on Calumet vans or buses. **All two week campers must bring a small day pack and water bottle.**

Our oldest campers have a slightly different program. We find they need a different kind of structure, consisting of more time with their own age group and time doing "small-group" activities. Their "lights out" time is extended, although quiet time is strictly enforced. Older campers often participate in overnight hikes or canoe trips. It is important that they bring sturdy shoes or boots, well broken in for hiking.

Please feel free to send along any sports safety equipment you want your child to use (like knee pads or mouth guards). Every camper may expect to participate in any number of activities like: soccer, basketball, baseball, volleyball, tennis, archery, capture the flag, and similar active sports. Calumet is unable to accommodate campers with significant behavioral and /or emotional difficulties. If your child requires additional support in these areas in the school/home setting and other recreational programs we suggest looking in to camps that are more therapeutic in nature. If a child's behavioral or emotional needs are upsetting to other campers, too challenging for our high school and college aged counselors to manage, or deemed unsafe by the camp staff you will be contacted by a camp director for early pick up.

#### **LAUNDRY:**

Campers should come with enough clothes to last for the whole session. Sorry, but we do not have laundry service available to campers.

#### **CLOTHING AND OTHER LUGGAGE:**

Your child does not need a new wardrobe! Clothing your child would normally play in is sufficient. Two week campers may want to bring an outfit suitable for church on Sunday morning. Please be prepared for a wide range of temperatures and weather conditions. New Hampshire is known for unpredictable weather: be prepared for hot, cold, wet, dry and everything in between. A packing checklist is included in this packet.

If your child is a bed-wetter, we request that you send your camper with nighttime pull-ups/Depends and/or an extra sleeping bag to accommodate nighttime accidents.

#### **LOST AND FOUND:**

Please label all clothing, sleeping bags, towels, everything! We will return any items we find only if you call or e-mail within one week and ask us. Please do not send valuable items with your child.

**We are not responsible for lost items.**



**TIPPING OUR STAFF:**

Counselors are not allowed to accept tips. If you wish to show your appreciation, please make a donation to the annual fund in honor of the counselor.

**ACCEPTANCE:**

Campers are enrolled on a “first-come, first-serve” basis. Rules for acceptance and participation are the same for everyone, without regard to sex, race, national origin, sexual orientation or religion. Non-Lutherans are advised that our programs are consistent with the heritage and practices of the Lutheran tradition. Participation in worship and Bible Study activities is expected of everyone. We do not provide for attendance at worship services of other denominations.

**CAMP RULES:**

Camp rules are designed for the safety of everyone. The Camp Director may require parents to remove any camper who does not comply.

**Questions? Please call:**

**Reservation Office – Bonnie - 603 539-3223 x 221**

**Resident Camp Office – 603 539-4773 x 212**

**DIRECTIONS TO CALUMET**

**From Boston, MA:** Rt. 128 to 95\*

**From Hartford, CT:** Rt. 84 to Rt. 90 to Rt. 290 to Rt. 495 to Rt. 95\*

\*Continue on Rt. 95 North toward Portsmouth. Follow signs for Rt. 16 and the Spaulding Turnpike (Exit 4 – left exit). Continue north on Rt. 16 until you come to West Ossipee at the junction of Rt. 25 W (Watson’s General Store is on the left, McDonald’s is on the right). Take your next right at the blinking light, which is Rt. 41. Go ½ mile and take a right onto Ossipee Lake Road. Calumet is 2½ miles down the road. Look for “SUNDAY REGISTRATION” parking signs.

**From Portland, ME:** Rt. 25 W to Rt. 153\*\*

\*\*Turn right off Rt. 25 at Rt. 153 North in Effingham Falls/Freedom, NH. Travel less than a mile and take your first left onto the Ossipee Lake Road. Continue on the Ossipee Lake Road to the stop sign and bear left down the hill. Calumet will be 3 miles down the road. Look for “SUNDAY REGISTRATION” parking signs.

**From Burlington, VT:** Rt. 89 to Rt. 4 to Rt. 104 to Rt. 25\*\*\*

\*\*\*At the junction of Rt. 25 and Rt. 16 in W. Ossipee, turn left (North on Rt. 16). Take your next right at the blinking light, which is Rt. 41. Go ½ mile and take a right onto the Ossipee Lake Road. Calumet will be 2 ½ miles down the road. Look for “SUNDAY REGISTRATION” parking signs.

## CAMPER PACKING CHECKLIST

Camp is all about being in and playing in the outdoors. Campers need to bring comfortable clothes that they are able to have fun in and not worry about damaging. Please **LABEL** your child's belongings, including clothes, for easy identification. We will return any items left behind only if you call or email within one week. Campers should come with enough clothes to last the whole session. Sorry, but we do not have laundry service available to campers.

Note especially the **"DO NOT BRING"** list, which applies to all campers.

Calumet is not responsible for lost items.

### Clothing

- T-shirts
- Long-sleeved shirts
- Sweatshirts or Sweaters or Fleece
- Shorts
- Pants
- Underwear
- Pajamas
- Bathing Suits (NO Bikinis please)
- Raincoat or poncho
- Sneakers – every camper must bring sneakers
- Socks
- Sandals – campers must wear footwear at ALL times
- Clothes that are good for layering—New Hampshire nights can be chilly!

### Bedding

- Sleeping bag/sheets and blankets
- Pillow

### Other Items

- Bible
- Towels (for swimming and bathing)
- Toiletries: soap, toothbrush, toothpaste, shampoo, etc.
- Water Bottle
- Sunscreen
- Old Cotton T-Shirt or Pillowcase for Tie-Dye
- Laundry Bag for dirty clothes
- Stationery, pen/pencil and pre-stamped envelopes
- Flashlight
- Small Day/Back Pack

### Items to consider

- Musical instrument
- Sports equipment: glove, racket, lacrosse stick, etc.
- Camera
- Book (for rest hour)

<p style="text-align: center;"><b>DO NOT BRING:</b> Any Electronics including: cell phones Ipods/Ipads electronic games CD players computers, etc. food money over the counter medications valuable jewelry knives of any kind. These items will be confiscated and returned to the camper upon their departure from Calumet</p>
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\* Campers who have finished 8th grade may be in “Yellows” and may go on an overnight during their week at Calumet. Two-week campers age 12 and older will be going on weekend trips. These campers will need the following items:

- Good sneakers or broken in boots for hiking
- Wool or polypropylene shirt/sweater
- Raincoat/poncho



## PARENTAL PERMISSION AND MEDICAL RELEASE

### Important - Must be completed for attendance\*

#### Parent/Guardian Authorizations:

The health history in this form is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

I hereby agree to the disclosure to camp representatives of the Protected Health Information of the person here-in described, as necessary: (i) To provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Calumet to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for use off camp.

I give permission for my child to be given the Over-the-Counter medications listed below (or generic equivalent), if needed, while at Calumet. Doses to be administered as per package directions. I have crossed off any medications I do not want my child to be given.

#### Over-the-Counter (OTC) Medication Regulations

Acetaminophen	Diphenhydramine (Benadryl)	Milk of Magnesia
Antifungal powder or cream	Epinephrine for treatment of anaphylaxis(epi pen)	Phenylephrine (Sudafed PE)
Aurogan (for ear pain)	Hydrocortisone Cream	Pseudoephedrine (Sudafed)
Bacitracin	Ibuprofen (Motrin, Advil)	Robitussin
Balmex	Immodium	Robitussin DM
Calamine/Caladryl Lotion	Loratadine (Claritin)	Sore Throat Lozenges
Cough Drops		Tums
Zyrtec		

With my signature I agree to the above parent/guardian authorizations and give my child permission to participate in all Calumet activities and programs.

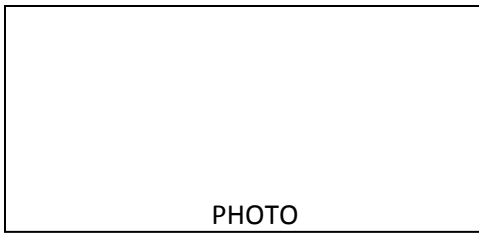
Camper Name: \_\_\_\_\_

↓ Signature of Parent/Guardian or Adult Camper/Staffer ↓

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

\*If for religious reasons you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance.



Calumet PO Box 236 West Ossipee, NH 03890  
603 539-3223 Fax 603 539-3385

**If your camper will be given medications while at Calumet, it would be helpful if you would include a small recent photo, for identification purposes.**

**Health History – Camper Name:** \_\_\_\_\_

The following information **must be filled in** by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care for the camper.  
PLEASE keep a copy of all completed forms for your records.

**ALLERGIES** List all known and describe reaction and management of the reaction.

**Medication allergies (list)**

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**Food allergies (list) -**

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**Other Allergies (list)** include insect stings, hay fever, asthma, animal dander, etc.

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**Explain any restrictions to activity** (e.g. what cannot be done, what adaptations or limitations are necessary)

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**Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp should be aware.** Have there been any recent family stresses – births, deaths, illnesses, moves, separations, divorces – that will impact their camp interactions or participation? Are there strategies that have helped the camper cope with concerns in the past?

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**IMPORTANT INFORMATION REGARDING MEDICATIONS TO BE TAKEN AT CAMP.....**

1. Any medication that your Medical Provider requires to be administered at camp must be in its original pharmacy container labeled with the name of the person, name of the medication, dosage, and frequency of administration. Please send only the correct amount of medication. Your physician’s written authorization to administer medications *both prescribed and over-the-counter* meds not on the OTC list must appear on the health form.
2. All medicines are kept in the Health Center and administered by our nurses. The exceptions are: off-camp trips when Calumet staff give the medications under the direction of the nurse; asthma inhalers and epi-pens with the written authorization from your Health Care Provider for self-administration –on page six of this form. **Campers will not be allowed to carry an inhaler or epi-pen without this form.**
3. **Do not send non-prescription medications** (this includes vitamins, Tylenol, cold remedies, etc.). Our Health Center is well stocked with first aid and other medications for any conditions that might arise.
4. All medications should be picked up at the Health Center by a person age 18 or older before departing for home. All medications not picked up will be destroyed.

Camper Name: \_\_\_\_\_

**General Questions** (Explain "yes" answers below.)

**Has or does the participant:**

**Yes**

- 1. Have diabetes?
- 2. Have asthma?
- 3. Ever had an eating disorder?
- 4. Ever had emotional difficulties
- 5. Had any recent injury, illness or infectious disease?
- 6. Have a chronic or recurring illness / condition?
- 7. Ever been hospitalized?
- 8. Ever had surgery?
- 9. Have frequent headaches?
- 10. Ever had a head injury?
- 11. Ever been knocked unconscious?
- 12. Wear glasses, contacts, or protective eye wear?
- 13. Ever had frequent ear infections?
- 14. Ever passed out during or after exercise?
- 15. Ever been dizzy during or after exercise?

**Yes**

- 16. Ever had chest pain during or after exercise?
- 17. Ever had high blood pressure?
- 18. Ever been diagnosed with a heart murmur?
- 19. Ever had back problems?
- 20. Ever had problems with joints (e.g., knees, ankles)?
- 21. Have an orthodontic appliance being brought to camp?
- 22. Have any skin problems (e.g., itching, rash, acne)?
- 23. Had mononucleosis in the past 12 months?
- 24. Have problems with diarrhea or constipation?
- 25. Have problems with sleepwalking?
- 26. If female, have an abnormal menstrual history?
- 27. Have a history of bed-wetting?

Please explain any "yes" answers, noting the number of the questions.

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

**We require an updated immunization record from a licensed health care provider.**

**If your camper is not immunized, we require a notarized immunization waiver. Please contact Bonnie at [bonnie@calumet.org](mailto:bonnie@calumet.org) for the waiver.**

Name of family physician _____ Phone (_____) _____
Address _____

**Health Care Recommendations -To be completed by Licensed Medical Provider**  
You may substitute your physician's generic form for this page as long as the information provided is comparable.

Camper Name \_\_\_\_\_ **\* I EXAMINED THIS INDIVIDUAL ON \_\_\_\_\_ (Date)**  
(ACA accreditation and State of NH requirements specify exams within 24 months of camp attendance.)

\*DOB \_\_\_\_\_ \* Weight \_\_\_\_\_ \* Height \_\_\_\_\_ \*BP \_\_\_\_\_

In my opinion, the above camper  is  is not able to participate in an active camp program.  
The camper is current on all immunizations. Yes No **Please include a current immunization record**  
The camper is under the care of a physician for the following conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations and Restrictions at Camp**

Treatment to be continued at camp \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications to be administered at camp (name, dosage, frequency)

Med: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Med: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Med: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Med: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Any medically-prescribed meal plan or dietary restrictions \_\_\_\_\_  
\_\_\_\_\_

Known allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of any limitation or restriction on camp activities \_\_\_\_\_  
\_\_\_\_\_

Additional information for health care staff at the camp \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Licensed Medical Provider – Updated signature required each year**

\*Signature \_\_\_\_\_

\*Print Name \_\_\_\_\_

\*Title \_\_\_\_\_ \*Date \_\_\_\_\_

\*Address \_\_\_\_\_

\*Phone ( \_\_\_\_\_ ) \_\_\_\_\_ \*Fax ( \_\_\_\_\_ ) \_\_\_\_\_



### ASTHMA INHALER AND EPI PEN PERMISSION FORM

Pursuant to NH Law the following must be completed and submitted 4-weeks prior to attendance in order for your child to possess and use an asthma inhaler or epinephrine auto-injector.

<b>Camper Name</b> _____ <b>Date of Birth</b> _____
Permission is granted to Camp Calumet to allow my child to possess and use an <input type="checkbox"/> Asthma inhaler / <input type="checkbox"/> Epinephrine Auto-Injector
<b>Parent / Guardian Signature</b> _____
Print name _____ <b>Date</b> _____

**LICENSED MEDICAL PERSONNEL** must complete the following for use of the above

Asthma inhaler /  Epinephrine Auto-Injector

- 1) Name of medication \_\_\_\_\_
- 2) Date of Medication Order \_\_\_\_\_
- 3) Route and Dosage of Medication \_\_\_\_\_
- 4) Frequency and Time of Medication Administration or Assistance \_\_\_\_\_  
\_\_\_\_\_
- 5) Diagnosis and Any Other Medical Conditions Requiring Medications \_\_\_\_\_  
\_\_\_\_\_
- 6) Any Special Side Effects, Contraindications and Adverse Reactions to be observed? \_\_\_\_\_  
\_\_\_\_\_
- 7) Any severe adverse reactions that may occur to another child for whom the epinephrine auto-injector is not prescribed, should such a child receive a dose of medication? \_\_\_\_\_
- 8) Name of each required medication \_\_\_\_\_  
\_\_\_\_\_

I hereby verify that \_\_\_\_\_ has a valid prescription, and the knowledge and skills to safely possess and use the following at Camp Calumet:

Asthma Inhaler  Epinephrine Auto-Injector

Licensed Medical Personnel Signature \_\_\_\_\_

Date \_\_\_\_\_ Print name \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

**If any of these criteria are not met, Calumet will not be able to allow your child to carry or store an asthma inhaler or epi-pen in the cabin/tent. Please contact Calumet with any questions regarding this policy.**

## **CAMPER'S LETTER TO THE COUNSELOR AND ACCEPTANCE OF RULES**

**Be sure to sign the acceptance of rules at the bottom of the page.**

Camper's Name: \_\_\_\_\_

My friends call me \_\_\_\_\_

Please note: These forms are kept in the camp office and are not seen by anyone other than camp staff. We want you to feel free to give us information that will help us get to know you better!

I am coming to Camp Calumet for the first time: Yes / No

I have been to other overnight camps: Yes / No

I am coming to Camp Calumet because \_\_\_\_\_

What I look forward to doing most is \_\_\_\_\_

What I don't want to do at Calumet is \_\_\_\_\_

I am afraid of \_\_\_\_\_

I'd like my counselor to know this about me \_\_\_\_\_

### **RULES FOR CAMPERS**

- Respect others! Treat all campers and Calumet staff with respect.  
Swearing, foul language or name calling is not acceptable.  
Talk to a counselor or other staff member if you have a problem or concern while at camp.
- Be safe! All campers must keep their hands to themselves.  
No rough housing, pillow fights, towel snapping, hitting, punching or kicking or any activity that may cause harm to others. Sticks and rocks should stay on the ground.  
We cannot allow any items that could hurt someone such as jack knives or leatherman tools.  
Campers may not leave their cabins after lights out unless they have permission from their counselor.  
Always listen to the directions of your counselor or other Calumet staff person.
- Be healthy! No tobacco, drugs, or alcohol are permitted at Calumet.  
Shoes must be worn at camp at all times.
- Be smart! Do not bring ipods, electronic games or other electronic devices. Cell phones will be taken away and returned at the end of the camp session. **Calumet is not responsible for lost or stolen items.**
- Just a reminder - Campers are not permitted to call home during their time at Calumet.

**I have read and discussed with my Parent(s) / Guardian(s) the Camp Rules  
which are designed for the safety of everyone. I agree to follow the rules.  
I understand that if I don't follow the rules, the Camp Director may send me home.**

**Camper Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT'S LETTER TO THE COUNSELOR AND ACCEPTANCE OF RULES**

**Be sure to sign the acceptance of rules at the bottom of the page.**

Camper's Name \_\_\_\_\_ age \_\_\_\_\_ current grade \_\_\_\_\_

Parents, please note: The purpose of this form is to help us make your child's experience as good as can be. Please feel free to attach additional information about your present family situation or problems your child might be having if you feel it might help the staff at Calumet.

Names of Parents/Guardians \_\_\_\_\_  
Parent/Guardian Parent/Guardian

Parent's Marital Status \_\_\_\_\_ Family Religion \_\_\_\_\_

Camper Lives With: Mother&Father / Mother / Father / Other \_\_\_\_\_

Occupation of Parents/Guardians \_\_\_\_\_  
Parent/Guardian Parent/Guardian

What does your child do when upset? Helpful hints for the staff? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have significant or unusual fears? \_\_\_\_\_  
\_\_\_\_\_

He/She is allergic to these foods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

He/She is allergic to other (insects, hay fever, animal dander): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Things which we feel deserve special attention. Please include information the counselors should know about your child's health, medical, and emotional concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have read and discussed the Camp Rules (on the reverse side) with my child.  
These rules are designed for the safety of everyone.  
My child agrees to abide by the rules. If my child does not abide by the rules,  
the Camp Director may require us to remove her/him from camp.**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

**PHOTO AND VIDEO RELEASE:** Because Calumet campers present so many classic picture-taking opportunities, we may use a picture of your son or daughter in our promotional materials (print, video, Calumet website, Calumet blog or Facebook page). Please contact Calumet in writing if you DO NOT want your child's picture used in Calumet materials.



### CAMPER PICK-UP FORM

Please list parents/guardians as well as anyone who may be picking your camper up either at Calumet or at a Calumet bus stop.

The authorized pick up person will be required to sign the back of this form and may be asked for identification.

PHONE: 603-539-3223 X 221 / FAX: 603-539-3385

Camper Name: \_\_\_\_\_

I authorize any of the persons and individuals listed below and/or those listed as emergency contacts on the Health Form to pick up my child.

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

Date leaving camp: \_\_\_\_\_

Parent/guardian who may pick up camper: \_\_\_\_\_

Other people who may pick up my child (please list at least 2 other names other than parents):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

My child will be picked up at Calumet

My child will be picked up at the Bus stop in:

Newington, CT

Vernon, CT

Worcester, MA

Waltham, MA

#### SPECIAL NOTE:

The following person is **never** authorized to pick up my child:

Name: \_\_\_\_\_

\*Please attach copies of any court papers or documents related to custody rights of parents/guardians.