



NORTHWEST PARK CAMP FOXFIRE: HEALTH RECORD

(We do not require a formal health care record from your child's pediatrician.)

Name of Camper: _____ Date of Birth: _____ Pronouns: _____

Address: _____ Grade in Fall: _____ Age: _____

Check Week(s) of Camp Registered for:	7/1-7/5 *no camp 7/4	7/8-7/12	7/15-7/19
	7/22-7/26	7/29-8/2	8/5-8/9

Parent/Guardian Name(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Family Physician: _____ Phone Number: _____

Please list and briefly explain the following (*Plan of Care on pg. 5 must be filled out, giving more details & action plans*)

Chronic or serious illness: _____

Special Needs/Conditions: _____

Allergies (food/environmental): _____

EPIPen Required: YES NO Instructions: _____

Has your child ever had a bee sting? YES NO Reaction: _____

Helpful Information: You know your child best! Is there anything else that we should know in order to better serve your child while they are in our care? Please help our educators provide the best experience possible!

If Northwest Park staff determines that a medical emergency exists, our policy is to call 911 and then we will call emergency contacts. If the first emergency contact cannot be reached, the second will be tried, and then the third. If none of the contacts are reachable, we will contact Dr. Christopher Schuck with Windsor Pedicorp.

To the best of my knowledge, my child is in good physical health and is able to fully participate in all Camp Foxfire activities. I understand and give my consent to the medical procedures as described above.

Parent/Guardian Signature: _____ **Date:** _____



NORTHWEST PARK CAMP FOXFIRE:

PICK UP AUTHORIZATION FORM & EMERGENCY CONTACTS

Persons not mentioned on this form will not be permitted to pick up your child - *include yourself!*

Camp staff may require photo identification at pick up to confirm authorization.

Persons listed on this form will be contacted in the order listed in case of any emergency.

I, _____ (Parent/Guardian), give permission to the following people to pick up _____ (Child's Name) from Camp Foxfire.

Check Week(s) of Camp Registered for:	7/1-7/5 *no camp 7/4	7/8-7/12	7/15-7/19
	7/22-7/26	7/29-8/2	8/5-8/9

Your Full Name (as listed on ID)	Phone Number	Relationship to child
Full Name (as listed on ID)	Phone Number	Relationship to child
Full Name (as listed on ID)	Phone Number	Relationship to child
Full Name (as listed on ID)	Phone Number	Relationship to child
Full Name (as listed on ID)	Phone Number	Relationship to child

Photo Permission: I give permission for my child above to appear in any media coverage approved by Recreation and Leisure Services.

YES
 NO

 Parent/Guardian Signature _____
 Date

For Office Use Only

Week of Camp:

Monday	Tuesday	Wednesday	Thursday	Friday

****BY JUNE 1ST: Submit completed forms through the "Sessions Document" tab located within your registration account dashboard.****



NORTHWEST PARK CAMP FOXFIRE: DISCIPLINE POLICY

Please read and sign below.

Our biggest rule at Camp Foxfire is the golden rule: *Treat others the way you want to be treated.*

It's never okay to physically harm, call others names, put your hands on others, or treat others disrespectfully. Campers are not to spit, throw items, use bad words, threaten others in any way, or leave their Camp Teachers without permission.

Camper misbehavior at Camp Foxfire will be handled in these ways:

- We will redirect the child's behavior and use positive reinforcement for desired behaviors
- We will get to the root of the problem to solve it and help them move on from the situation
- We will give fidget toys and/or ample transition warnings and reminders throughout the day
- We will maintain an open line of communication and work with guardians on discipline concerns

In a situation where we are still having difficulties with a camper, the following measures will be taken depending on the severity of the situation:

- The camper may be required to speak with a member of Leadership to develop a plan for positive behavior going forward
- The camper may be dismissed early from camp that day and possibly suspended the following day
- The Camp Director will discuss a half-day option with the parent/guardian if a full day of stimulation is too much for the camper to handle

Northwest Park reserves the right for immediate suspension/expulsion due to any reason above, at any time.

Suspension/expulsion could be due to: bringing weapons to camp, practicing unsafe behavior towards oneself and/or others, damaging Northwest Park property, refusing to engage and participate in camp activities/with their group, and any other unforeseen reasons that violate this policy. For more information, please reference our Parent Handbook under 'Discipline'.

If your child is removed from camp for behavioral misconduct, you will not be refunded for the current week of camp. For any subsequent weeks enrolled, you will receive a 50% refund.

Parent's Signature: _____ Date: _____



Individual Plan of Care for a Child with Special Health Care Needs or Disabilities

An individual plan of care is necessary when a child has a special health care need or disability and it is necessary that certain precautions/care be taken or provided while the child is attending the Camp Foxfire program at Northwest Park.

(i.e: use of an EPI-pen, inhaler, other special medications, behavioral plans for ADHD, SDD, down syndrome, or autism, or a physical limitation of any kind that requires specific accommodation.)

Child's Name: _____

Check Week(s) of Camp:

7/1-7/5 *no camp 7/4 7/8-7/12 7/15-7/19 7/22-7/26 7/29-8/2 8/5-8/9

Special health care need or disability:

Plan for appropriate care of the child in a medical or other emergency:

Signature(s) of Parent/Guardian:

Date Signed:

This information will be shared with all staff of Camp Foxfire. This is to maintain the health and safety of your child while in our care. Staff will read this document and sign off on the back to indicate understanding of your child's needs and what to do in case of an emergency, per the plan outlined above.

If you have any questions or concerns, please contact the Camp Director at: campfoxfirenwp@gmail.com.

****BY JUNE 1ST: Submit completed forms through the "Sessions Document" tab located within your registration account dashboard.****



NORTHWEST PARK CAMP FOXFIRE:

CAMPER CODE OF CONDUCT

In order for a child to be safe and successful and get the most out of their time with Camp Foxfire, there are some expectations that help us create the amazing experiences families grow to love.

1. Campers shall show respect for the property, materials, and facilities used and assume financial responsibility for any damages they cause.
2. Kindness and respect will be shown at all times.
3. Use and/or possession of drugs, alcohol, tobacco, firearms, knives, and other items deemed dangerous is strictly forbidden.
 - a. Violation of this policy can result in immediate dismissal from camp and can include notification to the local authorities.
4. Campers are expected to participate to the best of their ability in all scheduled activities: field trips, hikes, canoe trips, etc, except in cases of injury/illness.
5. Negative behavior is not allowed.
 - a. This includes but is not limited to: running away and/or hiding from the camp group, fooling around in the bathrooms, physically or emotionally bullying others, not listening to directions from staff that directly threatens a child's safety, (ie: do not touch the barn animals, back away from the edge of the pond, etc.), or the use of vulgar language.
6. No physical or emotional/mental disciplinary measures towards each other will be tolerated.

Parent/Guardian's Signature (on behalf of applicant)

Date



APPLICANT INFORMATION & RELEASE OF LIABILITY

Disclosure:

The Town of Windsor’s Camp Foxfire program at Northwest Park involves a variety of activities that may include: games, initiatives, hiking, fire building, canoeing, off site travel, etc. All activities are challenged by choice, that is, the level of participation is determined by the individual at all times. There is risk involved in all activities associated with participants, and the participant of the program assumes the risk.

Applicant (Camper) Information:

- 1. Camper’s Name: _____
- 2. Date of Birth: _____
- 3. Full Address: _____
- 4. Phone Number: _____
- 5. Emergency Contact: _____
- 6. Contact Phone Number: _____

Release of Liability:

I understand that the Camp Foxfire program, which may include canoeing as well as other activities, may be both physically and mentally demanding. I affirm that I am in good health and that I am not under any professional care for any condition that will limit my ability to safely participate with the guidelines. I recognize the inherent risk of injury that could result during canoeing, nature exploration, and off site travel. I release the Town Council, Town Staff, Northwest Park Staff, Volunteers, and Campers of liability for any injury that may occur to me during the Camp Foxfire program.

Parent/Guardian’s Signature (on behalf of applicant)

Date