



TOWN OF HUNTINGTON

LONG ISLAND, NEW YORK

Department of Parks and Recreation

Summer 2016

Dear Parent or Guardian:

Welcome to the Town of Huntington's Camp Soundview, which will be held at Crab Meadow Beach. We have planned a summer of fun-filled activities for your child. Please remember that if a rain day is declared, the camp will be cancelled for the day with no refunds.

All children should arrive at 8:15 a.m. and be dropped off at the main parking lot of Crab Meadow Beach (the attendant at the booth is at the entrance). Parents must park their cars in the parking lot and escort their child to the breezeway between the restaurant and concession stand. On the first day of camp, parents should plan to stay for the first half hour for a brief meeting with the Camp Director and staff.

Every camper should wear shorts or pants and proper footwear. Each day your child should bring a backpack marked with their name. The backpack should contain water shoes, a bathing suit (children need 2 bathing suits – one should be worn to camp under their clothes), 2 towels, underwear, 2 plastic bags for wet bathing suits and appropriate sunscreen. Swim instruction and recreational swim are dependent upon the tide which fluctuates daily. Campers should bring a non-perishable bag lunch, water bottle and beverages with their name clearly marked on it. Campers are prohibited from bringing electronic items. We are not responsible if these electronic items are lost or stolen.

Campers are to be picked up promptly at 2:00 p.m. at the picnic pavilion. Counselors will not dismiss a child until a parent comes to get them. A child will not be dismissed to anyone other than a parent unless the individual is listed on the medical emergency form, and a written note is given to the Camp Director stating who will be picking up the child. If you must reach the Camp Director during the camp day, you may call 261-7574 between the hours of 8 a.m. to 2 p.m. The **Medical Emergency Form must be mailed back one month prior to the start of camp** to: Town of Huntington, Department of Parks & Recreation, Camp Soundview, 100 Main Street, Huntington, NY 11743. To obtain the Medical/Emergency Form, you must either print your receipt or obtain the form from the town's website under Parks & Recreation, Applications & Forms/Camp Programs/Soundview Camp(PDF). Late forms could result in your child's removal from the camp. Your physician must complete the Medical Form. If your child will be accompanied by a Para-professional ("shadow"), please call the Parks & Recreation Department immediately for specific instructions. **All requests regarding shadows must be made no later than May 16, 2016.**

Requests to place children together must be made at the time of registration. When you register in person or online you will have to answer the question about placing children together. You will have to enter the other child's name, age and grade. Children must be the same age or grade. You can only request to be placed with one (1) other child. Failure to meet these guidelines will result in the denial of your request. Sometimes legitimate requests are denied because too many children requested to be placed in the same group. The decision of the camp director is final. Group placement forms are no longer available. Requests for group placement will not be honored after registration.

This camp is required to have a permit issued by the New York State Health Department. The Suffolk County Health Department inspects the camp twice a year. The inspection reports are filed with the County of Suffolk Department of Health Services at 360 Yaphank Avenue, Suite 2A, Yaphank, NY 11980.

Sincerely,
Robert Pendel
Assistant Superintendent of Recreation II

TOWN OF HUNTINGTON
DEPARTMENT OF PARKS & RECREATION
100 Main Street, Huntington, NY 11743 Att: Camp Program

CAMP MEDICAL/EMERGENCY FORM

MUST COMPLETE ALL 4 PAGES AND SUBMIT 1 MONTH PRIOR TO START OF SESSION

Please select camp(s) and session(s) your child is enrolled in:

Camp Seahawk - SI, II, III

Camp Soundview – SI, II, III

Gold Star Camp – SI, II, III

PLEASE PRINT

Last Name _____ First Name _____

Sex: _____ Home Phone: _____ Date of Birth _____
(area code)

Address _____
Street Town Zip

Mother's Business # _____ Mother's Cellphone #: _____

Father's Business # _____ Father's Cellphone #: _____

****IF PARENTS CANNOT BE REACHED-EMERGENCY NUMBERS:**

1. Name: _____ Phone # _____
(area code)

2. Name: _____ Phone # _____
(area code)

PLEASE LIST THE INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD:

Name _____ Phone # _____

Name _____ Phone # _____

HEALTH INSURANCE INFORMATION

CARRIER OR PLAN NAME _____ **Group #** _____

NAME OF INSURED _____ **INSURANCE ID #** _____

RELATIONSHIP TO PARTICIPANT _____

NOTE: All medication sent to camp **MUST** be labeled by pharmacy. We cannot administer medication.

ALL MEDICATIONS ARE SELF ADMINISTERED BY THE CHILD.

In the event that I cannot be reached by phone, I give my permission to the Camp Director or their appointed representatives to act in my behalf in seeking and providing medical treatment for my child during the camp season. This includes medical care and treatment by a first aid station or physician in a hospital.

Signature of Parent or Guardian _____ Date _____

PERMISSION TO CARRY AND USE SUNSCREEN

For your information, Chapter 242 of the Laws of 2013 amended the New York State Public Health Law in regards to the use of sunscreen at summer camps. Written permission is now required by the parent or guardian to allow their child to carry and use sunscreen. Permission would also allow camp staff to assist with the application of sunscreen when the child is unable to do so, provided the child requests the assistance.

I do____ do not____ grant permission for my child to carry and use sunscreen and for staff to assist with its application should my child request it.

Parent's or Guardian's Signature _____ Date _____

CAMP MEDICAL/EMERGENCY FORM (CONT'D)
TO BE COMPLETED BY A MEDICAL DOCTOR

IMMUNIZATION HISTORY
(show dates of last immunization or booster)

NAME OF CHILD _____

IF CHILD BORN AFTER JANUARY 1, 1993 – MUST FILL IN DATES OF
HEPATITIS B: _____

HAEMOPHILUS INFLUENZA TYPE B: _____ RUBELLA _____

MEASLES _____ MUMPS _____ HIB _____ DPT _____

POLIO SALK/SABIN _____ MMR _____ VARICELLA(chicken pox) _____

TBC: Date _____ Results _____

_____ is in good health, is not suffering from any illness and
Child's Name

____MAY____ MAY NOT____ participate in a full program of activities.

DIETARY/PHYSICAL RESTRICTIONS: _____

I have prescribed the following medication for _____ which is self-administered

1. Name of medication: _____ Dosage _____
2. Name of medication: _____ Dosage _____

Purpose of medications: _____

ALL MEDICATIONS ARE SELF-ADMINISTERED BY CHILD

SIGNATURE OF PHYSICIAN: _____ DATE: _____

PHYSICIAN'S NAME, ADDRESS, & PHONE NUMBER _____

NOTE: All medication sent to camp MUST be labeled by pharmacy

CAMP MEDICAL/EMERGENCY FORM (CONT'D)

LAST NAME: _____ **FIRST NAME:** _____

PLEASE TAKE THE NEXT FEW MINUTES TO ANSWER THE FOLLOWING QUESTIONS. REMEMBER: YOUR CHILD'S SAFETY AND HEALTH IS IMPORTANT TO US. PLEASE BE HONEST IN YOUR RESPONSES SO WE CAN DO EVERYTHING WITHIN OUR ABILITIES TO INSURE THAT YOUR CHILD HAS A GREAT TIME AT THIS SUMMER PROGRAM. IF YOU HAVE ANY QUESTIONS CONCERNING THE INFORMATION ON THIS FORM, PLEASE DO NOT HESITATE TO ASK US.

HAS YOUR CHILD EVER HAD OR DO THEY NOW HAVE: Please Check One

	YES	NO
(1) Asthma, wheezing, or inhaler use		
(2) Epilepsy, fits, seizures, or convulsions		
(3) Recurrent neck or back pain		
(4) Rheumatic fever		
(5) Dislocated joint, knee, hip, shoulder, elbow or ankle		
(6) Foot pain		
(7) Periods of unconsciousness		
(8) Frequent or severe headaches causing interruptions in school		
(9) Wear contact lenses		
(10) Fainting spells or passing out		
(11) Head injury, skull fracture, concussion		
(12) Seen a psychiatrist, psychologist, counselor or social worker		
(13) Skin disorders such as: Eczema Psoriasis Atopic Dermatitis		
(14) Irregular heartbeat, rapid or slow heartbeat		
(15) Thyroid condition or taking medication for thyroid		
(16) Limitation on movement or motion of joint, wrist, knee, hip, shoulder		
(17) Heart murmur, heart abnormality or problems		
(18) Heart surgery		
(19) High blood pressure		
(20) Hepatitis (liver inflammation or infection)		
(21) Any eye injury or surgery (other than corrective)		

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CAMP MEDICAL/EMERGENCY FORM (CONT'D)

	Please Check	
	YES	NO
(22) Allergies: common foods (milk, peanuts, eggs, meat, fish, etc.) wool or fabrics wasp, bee or any insect stings penicillin poison ivy drugs (prescription or medication) other: please specify _____		
(23) Broken bones requiring surgery to repair		
(24) Perforated ear drum or tubes in ear drums		
(25) Anemia (iron deficiency)		
(26) Pain or swelling at the site of an old fracture		
(27) Loss of appendage, limb or part thereof		
(28) Attention Deficit Disorder		
(29) Diseases: chicken pox german measles mumps tuberculosis measles other: please specify _____		
(30) If the answer to any of the above is "Yes" please reference the question number then Describe or explain with dates:		

MAIL ALL FORMS ONE MONTH PRIOR TO SESSION TO:

Town of Huntington, Parks & Recreation Department
100 Main Street, Huntington, NY 11743

Att: Camp Soundview

THANK YOU AGAIN FOR SHARING IMPORTANT INFORMATION WITH US, WE HOPE YOUR CHILD WILL ENJOY THEIR EXPERIENCE THIS SUMMER.