



Town of Huntington

Department of Parks and Recreation

LONG ISLAND, NEW YORK
Summer 2026

Dear Parent or Guardian:

Welcome to the Town of Huntington's Gold Star Camp. The Camp Director, Michael Hand, will be returning with some of last year's staff. The camp program will again include arts & crafts, sports, marine science, nature study & special events.

All children should arrive at 8:15 AM at the parking lot behind Coindre Hall, which is located on Browns Road in Huntington next to Gold Star Beach. Parents must park their car in the parking lot and escort their child to the camp entrance. Children should wear comfortable clothing i.e. shorts and wear sneakers, not sandals or flip-flops. Children should also bring water shoes, a towel, a light snack, and a lunch of non-perishable foods, water bottle, and a beverage because there is no refrigerator available.

The Camp Medical/Emergency form (all 5 pages) must be mailed back one month prior to the start of camp to: Town of Huntington, Dept. of Parks & Recreation, Gold Star Camp, 100 Main Street, Huntington, NY 11743. Please note there is No Medical/Accident Insurance available through the Town of Huntington. Late forms could result in your child's removal from camp. Your physician must complete the medical form. If your child will be accompanied by a paraprofessional ("shadow"), call the Parks & Recreation Department immediately for specific instructions. All requests regarding shadows must be made no later than May 1st

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 request to be placed in the same group. The decision of the camp director is final. Requests for group placement will not be honored after registration.

Campers are to be picked up promptly at 2 PM at the back parking lot of Coindre Hall (continued lateness in picking up your child promptly could result in your child's removal from camp). A child will not be dismissed to anyone other than a parent unless it is noted on the emergency form. If you are in a carpool, please send a note the first day indicating with whom you are carpooling. Please be prompt in dropping off and picking up your child. On the first day of camp, you will be given the camp phone number if you must reach the Camp Director.

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. **Do not provide your child with aerosol cans of sunscreen or insect repellent as this is a violation and public health hazard.** The inspection reports are filed with the County Health Department at 360 Yaphank Avenue, Suite 2A, Yaphank, NY 11980.

Have a great summer.

Sincerely,
Cable T. Jamison
Director of Parks & Recreation

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

CAMP MEDICAL/EMERGENCY FORM

MUST COMPLETE ALL 5 PAGES AND SUBMIT 1 MONTH PRIOR TO START OF SESSION

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

Camp Soundview – SI, SII, SIII, SIV

Gold Star Camp – SI, SII, SIII, SIV

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
AEROSOL CANS NOT PERMITTED

For your information, Chapter 242 of the Laws of 2013 amended the New York State Public Health Law in regard to the use of sunscreen by a child attending summer camp.

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: _____

PERMISSION TO CARRY AND USE INSECT REPELLENT
AEROSOL CANS NOT PERMITTED

For your information, Chapter 163 of the Laws of 2017 amended the New York State Public Health Law in regard to the use of Insect Repellent by a child attending summer camp.

Written permission is now required by the parent or guardian to allow their child to carry and use Insect Repellent.

Permission would also allow camp staff to assist with the application of Insect Repellent 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 Insect Repellent and for the 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)		

NEXT PAGE.....

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