



WALWORTH RECREATION
3600 LORRAINE DRIVE
WALWORTH, NY 14568
(315)986-1400 Option 7

Dear Parents/Guardians,

It is almost time for Walworth's Summer Adventure Weeks! In this letter you will find information about camp activities and all the required paperwork for camp! So, please take the time to read through this carefully, as much of this must be understood for campers to attend camp. All forms must be returned prior to the start date of camp.

CAMP SCHEDULE: (Individual camp schedules to be distributed first day of each camp)

Animal Adventure Week: July 11-15, 2022

- Seneca Park Zoo

Mad Science Week: July 18-22, 2022

- Rochester Science Center/Planetarium

Beach Week: July 25-29, 2022

- Roseland Water Park

Survivor Week: August 1-5, 2022

- YMCA Camp Arrowhead Challenge Course

Carnival Week: August 8-12, 2022

- Roc City Circus Workshop/ Performance (at camp)

ARRIVAL & DISMISSAL:

Camp program begins at 9:00 AM and ends at 3:00PM. If not using the wrap-around service, please be on time, as it is best for your child and our staff. If you need to pick up your child early, you will need to let the Camp Director know ahead of time. If promptness in picking up your child becomes an issue, we reserve the right to terminate participation without refund.

CAR POOLS

Many families establish carpool arrangements at the beginning of the summer. It is necessary that our staff have these arrangements in writing. A form was included with registration paperwork to give the appropriate information on who will be picking up children from camp. If arrangements change, you must update the Camp Director. ***If someone other than the usual driver will be picking up your child, we must have it in writing in advance. Additional forms will be available at the Recreation Office or from the Camp Director throughout camp.**

MEDICATIONS

All campers must take all prescription medications at home prior to coming to camp, as no prescription medications will be administered during camp hours. Emergency medications such as EpiPen or Inhalers are the *only exception*. For all campers, please fill out Day Camp Medical Form and have a physician fill out the immunization form. ***Campers will not be allowed at camp until this form has been completed and turned into the Camp Director.**

DRESSED FOR FUN

We encourage you to send your child to camp in clothes that they can run around in, play in, paint in, and have fun in without worrying about keeping clean and neat. Please mark your child's name on clothing items. All children should come with a water bottle, hat and sneakers everyday. A swimsuit and towel will be needed during Beach Week, and on specific days during Survivor Week.

BRING A BROWN-BAG LUNCH

Your child needs to bring a brown-bag lunch, drink and snack each day to camp, unless otherwise noted on specific camp schedules.

SNOW CONE TRUCK DAY

Sugary Delights will be bringing the Snow Cone truck every **Wednesday at 1:00 pm**. The cost will be **\$2.75**; please remember to send money with your child on this day.

CLOSING STATEMENTS

To ensure your child's safety and fun, we work with small groups of children throughout the day, and we strive to offer the best programming possible. If you have any concerns or comments, please feel free to contact us. Thank you for signing up for Walworth Adventure Weeks, and we look forward to having a great time this summer!

Sincerely,

Katie Campbell
Camp Director

Recreation Department
Staff



Emergency Contact Information Walworth Adventure Day Camp

It is important that we know how to reach someone during the hours of camp in case of an emergency. Please fill out the following information below to ensure that we will be able to get in contact with someone if needed.

***If this information is not provided, we will be unable to accept your child into camp for safety reasons.**

We appreciate your cooperation. It is our goal to ensure a safe/enjoyable camp experience for all our campers and staff.

Child's Name: _____

Parent/Guardian Name(s): _____

Home Phone #: _____

Secondary # (cell or work): _____

Emergency Contact Name: _____
(other than parent/guardian)

Relationship to child: _____

Person's phone #: _____

Known Allergies: _____

Medical Concerns: _____

Comments/Concerns:



Approved Pick Up Form Walworth Adventure Day Camp

There may be a day during your child's time at camp when you will need to have someone else pickup your child from the Day Camp site. To ensure the safety of your child, we need to know who that approved person(s) will be. Please provide the information below and return to the Camp Director.

Child's Name: _____

Person(s) allowed to pick up child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please be specific with days if carpooling:

If you have any concerns of someone trying to pick up your child(ren) that you do **NOT** want to pick up please list them here:



Medical Form Walworth Adventure Day Camp

Week(s) of camp attending: _____
This side to be filled out by parent or guardian.

Child's Name: _____

Date of Birth: _____ Gender: M or F Grade(entering) _____ Age (entering camp) _____

Parent or Guardian Name: _____ Phone #: _____

Address: _____
Street City State Zip Code

If not available in an emergency, notify:

Name: _____ Relationship: _____ Phone #: _____

Address: _____
Street City State Zip Code

Medical History: (check boxes below)

Allergies: No known allergies This camper is allergic to: Food Medicine Environmental (bees etc.)
(Please describe below allergy & reaction)

General Health History:

Has/Does the Child:

_____ Ever been hospitalized?	_____ Motion Sickness?	_____ Takes medications?
_____ Ever had surgery?	_____ Speech impairment?	List: _____
_____ Recurrent/chronic illnesses?	_____ Hearing impairment?	_____
_____ A recent injury?	_____ Sun Sensitivity?	_____
_____ Asthma/wheezing/shortness of breath?	_____ If female, menstrual problems?	_____
_____ Have Diabetes?	_____ Problems with diarrhea/constipation?	_____
_____ Had Seizures?	_____ Treated for ADHD or other behavior disorders?	_____
_____ Have Headaches or migraines?	_____ Wears glasses, contacts or protective gear?	_____

Explain Below:

_____ Campers Primary Doctor: _____ Phone #: _____

_____ Dentist/Orthodontist: _____ Phone #: _____

Is camper covered by medical/hospitalization insurance? _____

Carrier: _____ Policy/Group #: _____

Parent/Guardian Emergency Authorization

To the best of my knowledge. The information provided on this health form is correct and this camper has permission to engage in all camp activities, except as noted by me.

This camper also has permission to use sunscreen and or bug spray: _____ (Initial)

I hereby give permission to the medical personnel selected by the camp staff to treat my child for all illness/injury, to order x-rays and routine tests necessary. In the event I cannot be reached in an emergency, I give permission to the physician to hospitalize, to secure proper treatment for, and order injection, anesthesia, or surgery for this child as medically appropriate.

Signature of parent/guardian: _____ Date: _____



Immunization Record:

Provide the month/year for each immunization. Copies of immunization forms from health-care providers or state or local government are acceptable, please attach to this form. We **MUST** have this information for your child to attend camp.

Child's Name: _____ Date of Birth: _____

Immunization	Date of Basic Immunization	Date of Last Booster
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)		
Mumps, measles, rubella (MMR)		
Poliomyelitis (IPV)		
Haemophilus influenza type B		
Hepatitis B		
Varicella (chicken pox)		
Most recent Tuberculin test		
Other (specify):		

Physician's Signature: _____ Date: _____