



Summer Camp 2024

AM Only: \$250/week | 9-12pm

Full Day: \$350/week | 9-2pm

*option to add extended hours 8-9am and/or 2-4pm for additional fee.

*option to add lunch for \$50/week (Prime Burger, Planet Pizza, & Queen Bee)

Child's name: _____ DOB: _____ Age: _____

Home address: _____

Parent/guardian name: _____

Mobile/Home tel.: _____ Work tel.: _____

Emergency contact (name/relationship/telephone number): _____

<input type="checkbox"/> June 17-21 ROCKING OUT	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> FULL DAY
<input type="checkbox"/> June 24-28 PATRIOTIC PARTY	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> FULL DAY
<input type="checkbox"/> July 8-12 COLOR WARS	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> FULL DAY
<input type="checkbox"/> July 15-19 COSMIC QUESTS	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> FULL DAY
<input type="checkbox"/> July 22-26 TENT TALES	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> FULL DAY
<input type="checkbox"/> July 29-AUG 2 ALOHA EXTRAV.	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> FULL DAY
<input type="checkbox"/> AUG 5-9 SORCERY SERUMS	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> FULL DAY
<input type="checkbox"/> AUG 12-16 SECRET AGENTS	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> FULL DAY
<input type="checkbox"/> AUG 19-23 CARNIVAL CRAZE	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> FULL DAY
<input type="checkbox"/> AUG 26-28 WACKY FUN	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> FULL DAY

TO BE COMPLETED BY SILLY GOOSE STAFF

Extended AM
Extended PM
Lunch
ALL medical forms submitted



YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPER AND STAFF

Physical Exams Are Valid For 3 Years From Date of Last Examination

Camper Please Return Completed Form to the Camp Staff

A physical exam, including immunization records, must be provided before your child's first day of camp.

Child's name: _____ DOB: _____ Age: _____

Date Attending/Session Name _____

TO BE COMPLETED BY THE HEALTH CARE PROVIDER:

Date of Exam ____/____/____

May participate in all camp activities: YES NO

May participate except for:

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? YES NO If yes, please explain _____

Are there any prescription or over the counter medication(s) this individual needs to take while at camp?

YES NO If yes, indicate names of medication(s): _____

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs?

YES NO If yes, please explain:

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes?

YES NO

Printed Name of Health Care Provider: _____

Address: _____

Phone: _____

Signature of Physician, PA, APRN or RN _____ Date Form Signed: _____