

FORESTBURGH CUB SCOUT DAY CAMP CHRONICLE

Under the Sea

Cub Scout Day Camp

Forestburg Scout Reservation

August 5 – 9, 2019

Kelly Taggart – Camp Director
Cell 845-467-3668
Email: kellytaggart10963@gmail.com

ABOUT THE DAY CAMP

Since 2009, Hudson Valley Council has operated the Cub Scout Day Camp in the Delaware River District Area. We're one of the area's largest and most safety-conscious providers of Summer Camp Fun and Excitement. Come in and explore your future! The theme this year is Under the Sea.

Calling all Divers, Explorers, and Sea-faring folk, welcome to the adventure of Cub Scout Day Camp. It will be more than a week of entertainment; it will be a lifetime of memories. Dens will practice stunts, skits, songs, run-ons and applause as part of their adventures as we explore the Cub Scout Trail. Boys and Girls in 1st thru 5th grade – Cub Scouts and those alike – are welcome to join us for a week at Forestburg Scout Reservation where you will participate in shooting skills, fishing, swimming, and much, much more. You will learn new skills, make new friends, and have fun during your week at Cub Scout Day Camp.

CAMP HOURS:

- 8:00 AM Check in
- 8:15 AM Opening Ceremony
- 8:30 AM Program Starts
- 3:30 PM Pick up

EARLY PICK UP FROM CAMP

A note, signed by the parent or guardian, is to be given to den leader or camp director at check-in on the day of early dismissal. The note must state the time of pick up, the reason, and the person picking up. This person must be over the age of 18 and MUST be on the approved person list. The person picking up the child for early dismissal must report to the Welcome Center, from there the child will be escorted to the center and signed out of camp.

FOR THE SAFETY FOR ALL CAMPERS A LIST OF ALL POSSIBLE DRIVERS OF CAMPERS MUST BE SUBMITTED BEFORE CAMP BEGINS. CAMPERS WILL NOT BE DISMISSED UNTIL THEIR PARENT OR GUARDIAN CHECKS IN WITH THE CAMP DIRECTOR OR DEN LEADER.

REQUIRED CAMP ORIENTATION AND SWIM TEST

Saturday, July 27, 2019 from 1PM-2PM at Forestburgh Scout Reservation
Campers and parents will come to meet the staff, turn in all required forms, take a tour of the camp, and ask any questions they may have. Please wear closed-toed shoes (no sandals) for camp orientation. For those campers who wish to participate in any swimming or aquatic activities, a swim ability test is required to be completed prior to attending camp. All staff will be on hand for the event. We ask that all campers and their parents attend this orientation. For those unable to attend you must call Kelly Taggart, Camp Director, to make other arrangements.

REQUIRED CAMP FORMS:

The following forms must be completed and turned in at the Orientation on Saturday, July 27, 2019.

- Dinner Reservation Form (**REQUIRED**)
- Annual Health and Medical Record Parts A and B (**REQUIRED**)
- Prescription Medication Form (**REQUIRED IF NEEDED**)
- Camper Dismissal Form (**REQUIRED**)

EARLY ARRIVAL/LATE PICK UP:

Campers may be dropped off as early as 7:30AM and picked up as late as 5:00PM for an additional fee. An afternoon snack will be provided for late pick up. Late pick up is available Monday through Thursday. *There is NO late pick-up on Friday.* Be sure to register your camper during the online registration process if you need to take advantage of the early arrival/late pick up.

BREAKFAST, SNACKS, AND LUNCH:

Please be sure your Camper has a good breakfast prior to arriving at camp. Breakfast is available to purchase at camp for \$7.00 per day. Campers planning on eating breakfast at camp should arrive no later than 7:45 AM to allow enough time for them to eat before program starts.

Please notify the Camp Director at daily check-in if you are sending snacks with your camper to eat outside of the lunch meal-time. Snacks should be packaged in a separate bag with your Camper's name on the bag. Due to food allergies snacks cannot be shared with other Campers. **DO NOT** send candy, chocolate, or any other snack that is sensitive to heat. Snacks will not be kept refrigerated. Recommended snacks are granola bars, trail mix, fresh fruit, and similar healthy snack items.

Lunches should contain enough healthy food to fuel your Camper for the afternoon program. All lunch bags are kept in a refrigerator during the morning program. Lunches containing nuts or fish will be kept in a separate cooler. We have limited refrigerator space so please send lunches in a soft-sided or paper bag with your Campers name on the bag. Lunch is available to purchase at camp for \$7.00 per day.

Please notify the Camp Director at daily check-in if your Camper will be buying breakfast or lunch on any particular day. Payment for breakfast or lunch is due at morning check-in on the day the meal will be purchased.

WHAT TO BRING TO CAMP

- Must wear **Sturdy Shoes or Sneakers** (no open-toed shoes)
- Rain gear
- 2 – Empty 2 liter Soda bottles for bottle rocket project
- Bag lunch (please do not use hard-side lunch boxes)
- Water bottle (with name)
- Bug repellent (no aerosol cans)
- Sun Screen
- Swim suit and towel (swim shoes recommended)

Do Not Bring to Camp: Electronics, Cell Phones or Other electronic equipment.

MEDICAL FORMS AND SAFETY:

We are a "safety first" camp – All medical forms **MUST** be on site for all campers. Medical forms do not need to be filled out by physicians unless the child has medications that must be administered by the camp nurse – medications must be checked in by the Camp Director upon arrival at camp. Medical forms **MUST** be filled out in their entirety and be brought to camp orientation (including copy of insurance card). The attached Medical Form must be used for all Day Camp participants.

See next page.....

CAMP LEADERSHIP:

Please call any time with questions or concerns about your child's Day Camp Experience.

Kelly Taggart Camp Director Cell: 845-467-3668

During Camp Hours – call Forestburg Boy Scout Camp main telephone (845) 856-3008 for emergencies (cell phone service is limited at camp)

FORESTBURGH CUB SCOUT DAY CAMP CHRONICLE

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August 5 – 9, 2019

TRADING POST:

The Forestburg Scout Reservation trading post will be open daily at 3:30PM for the HVC Cub Scout Day Campers. HVC Cub Scout Day Campers will not be allowed to go into the trading post during the regular program hours (8:00AM to 3:30PM). The trading post has camp related items, patches, ice cream, snacks, and drinks available for purchase. Please do not send cash with your Camper to have with them during the regular program. A parent or guardian **MUST** be present with the Camper to go into the trading post. The trading post will also be open on Family Dinner Night – Friday, Aug 9th.

CAMP T-SHIRTS:

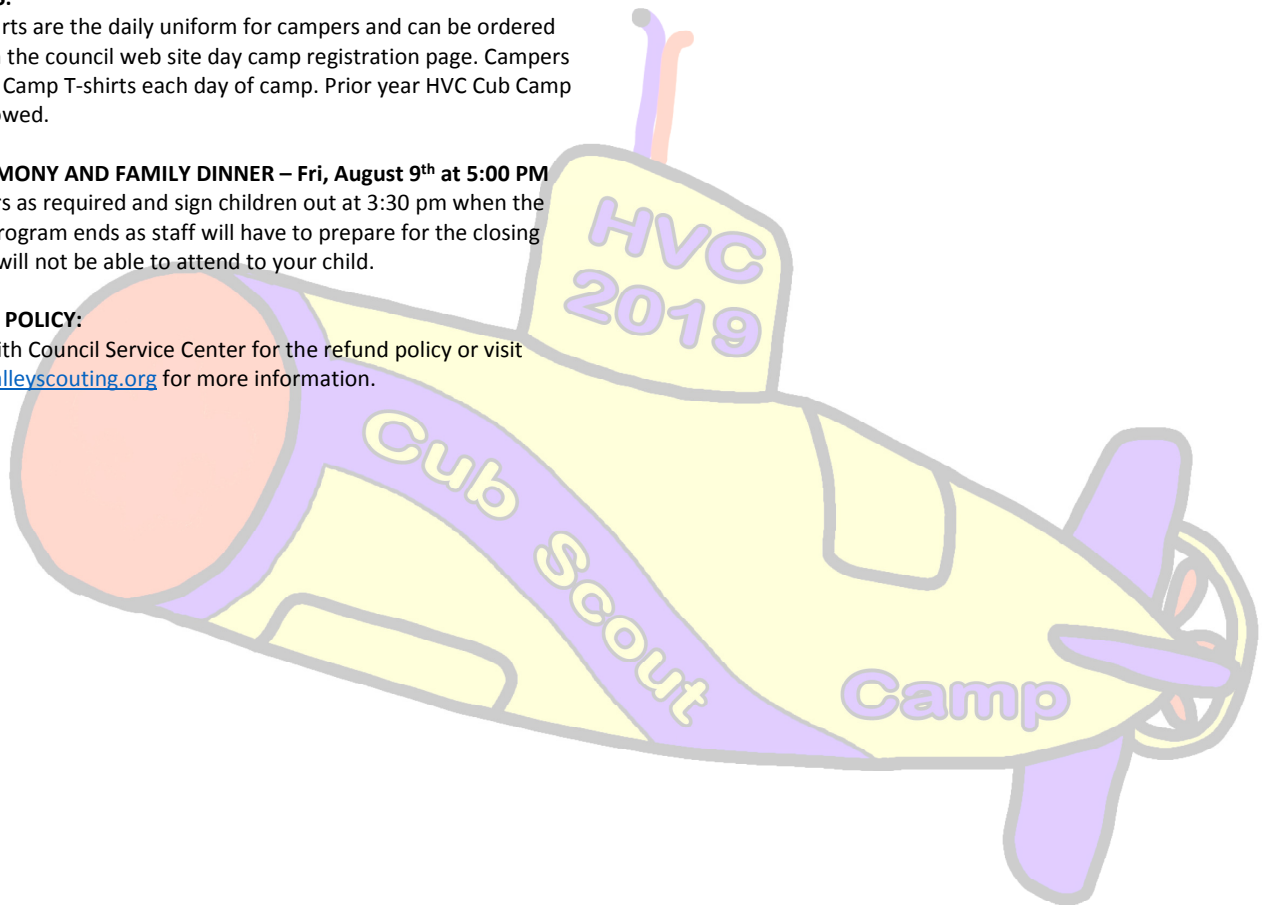
Cub Camp T-shirts are the daily uniform for campers and can be ordered on-line through the council web site day camp registration page. Campers must wear Cub Camp T-shirts each day of camp. Prior year HVC Cub Camp T-Shirts are allowed.

CLOSING CEREMONY AND FAMILY DINNER – Fri, August 9th at 5:00 PM

Pick up Campers as required and sign children out at 3:30 pm when the regular camp program ends as staff will have to prepare for the closing ceremony and will not be able to attend to your child.

CAMP REFUND POLICY:

Please check with Council Service Center for the refund policy or visit www.hudsonvalleyscouting.org for more information.



CAMP LEADERSHIP:

Please call any time with questions or concerns about your child's Day Camp Experience.

Kelly Taggart Camp Director Cell: 845-467-3668

During Camp Hours – call Forestburg Boy Scout Camp main telephone (845) 856-3008 for emergencies (cell phone service is limited at camp)

FAMILY DINNER RESERVATION FORM

HVC Cub Scout Day Camp

Forestburg Scout Reservation

Aug 5-9, 2019

On Friday, Aug 9th, a family fun evening and dinner will take place at HVC Cub Scout Day Camp at Forestburg Scout Reservation. All parents and family members of our day campers are invited and encouraged to come and join us. PLEASE LEAVE PETS AT HOME- PETS ARE NOT PERMITTED ON CAMP PROPERTY.

Our program featuring your child and his/her den will begin at 5:00pm to be followed by Forestburg main Boy Scout Camp closing, and then dinner at approximately 6:30pm. Day campers are free and family members are invited at \$10.00 per person. Meal ticket reservations must be purchased in advance. We look forward to seeing you.

Please remember that on Friday, August 9th, campers are the responsibility of their family starting at 3:30 PM. From 3:30 PM until 5:00 PM you are welcome to tour the Forestburg Scout Reservation grounds, visit the Trading Post, or simply rest in the program tent. If you must leave camp property please be sure to return to the program tent by 5:00 PM so that we can begin our closing ceremony on time.

Please bring this reservation form to orientation on July 27th at 1:00 PM along with payment. We hope to have you join us at the Family Dinner.

_____ YES, we will be attending the Friday evening dinner

_____ NO, we will not be attending the Friday evening dinner

of Day Camper(s) _____ (free)

of Family members _____ @ \$10.00 per person = \$ _____

Total Attending #: _____ Total Amount = \$ _____

Camper Name: _____ Den Leader: _____

Please bring this form to the Orientation on Saturday, July 27th

OFFICE USE ONLY

Amount Paid: \$ _____ Date Received: _____ Received By: _____

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Part B: General Information/Health History

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

DOB: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

!

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

!

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____

Prescription Medication Form

Instructions: One form for each prescription medication and/or dosage, copy as needed. Place this form and medication in ORIGINAL prescription bottle or vial, into a zip lock bag.

Camper's Name: _____ Troop: _____ Campsite _____
Address: _____ - Apt # _____
City: _____ ST: _____ ZIP: _____

Name of Parent or Guardian: _____ Phone: () _____
Work Telephone: () _____ Cell Phone: () _____

Doctor's name: _____ Phone: () _____

Medication: _____ Strength: _____

Dosage and instructions: _____

Number of pills or Liquid Volume sent to Camp: _____

Reason for medication: _____

When was medication started: _____ Temporary use [] or Permanent use []
Side effects (reactions to foods, dehydration, stress, other medications, drowsiness, lethargy, concentration, etc.):

List other important information about this medication since access to medical information or facilities could be delayed 6 - 10 hours, or more, due to remote wilderness settings:

Special Storage instructions: _____

Expected action if medication is not taken as directed: _____

Waiver: This information is confidential and is provided to FSR Executive Staff ONLY, for the express purpose of helping to ensure a healthy, safe camping experience for my child. This form may be shared with medical personnel should the necessity arise. It will be returned to me at the conclusion of this trip.

Signature of Parent/Guardian _____ Date: _____

(Revised 8/2007)

CAMPER DISMISSAL FORM

HVC Cub Scout Day Camp

Forestburg Scout Reservation

Aug 5-9, 2019

CAMPER DISMISSAL PROCEDURE

Please read this form carefully and return prior to camp

In accordance with the BSA standards and New York Department of Health guidelines, the Camp Staff has developed the following procedure for dismissing the campers at the end of the day. This procedure was designed to ensure the safety of your son/daughter. Please complete one form for each Day Camper.

At the bottom of this page you will be asked to list all the people (including yourself) that have your permission to pick up your son/daughter from Day Camp. If someone shows up at camp to pick up your child at any time and their name is not on the list (no matter who they are) your child will not be released until the proper person is called and gives permission. Please realize that we are doing this for your child's safety and the safety of all campers.

If you are picking up your son/daughter at the end of the day camp, please arrive no later than 3:30pm. Upon arrival at the camp, you or the Designated Person below will need to:

1. Wait until the Dens are officially dismissed. There will be a closing ceremony every day.
2. After the Dens are dismissed, check in with your child's Den Leader. Your name will be checked against the approved list. A picture ID, of the adult picking up your child, will be asked for – please bring an ID card with you. After being cleared, you will be allowed to leave with your child.
3. Your child will be released to you, at which point you are responsible for their wellbeing.

THANK YOU FOR YOUR UNDERSTANDING AND COMPLIANCE

CAMPER DISMISSAL FORM

Please bring this form to the Orientation on Saturday, July 27th

Day Camper Full Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Phone: (Home) _____ (Business) _____ (Cell) _____

The following individuals are authorized to pick my child up from Cub Scout Day Camp Premises including yourself.

Name _____ Phone _____ Relationship to Camper _____

Name _____ Phone _____ Relationship to Camper _____

Name _____ Phone _____ Relationship to Camper _____

Name _____ Phone _____ Relationship to Camper _____