



Scherman Hoffman Wildlife Sanctuary

11 Hardscrabble Road, Bernardsville, NJ 07924
(908) 766-5787 • Fax (908) 766-7775 • e-mail: scherman-hoffman@njudubon.org

**NEW JERSEY
AUDUBON**
www.njudubon.org

Dear Day Campers and Parents:

Please complete and return the camp forms as soon as possible to:

Summer Camp Staff
New Jersey Audubon
11 Hardscrabble Road
Bernardsville, NJ 07924

We hope you're looking forward to Day Camp as much as we are. The forest and fields of the 275-acre Sanctuary and adjacent 1,320-acre Morristown National Historic Park will be our classroom. We will be outside every day. There are plants, animals, rocks and a river just waiting to be discovered.

We'd like to give you some information about what we will be doing during camp and what things you may need to wear or bring. Since we will be outside a large part of each day, it is best to wear shorts or light pants and a T-shirt with socks and sneakers. Shoes must be closed-toe shoes. We will avoid tall grass and contact with brush to minimize our exposure to ticks. We do daily tick checks, but you should also check for ticks every day when you get home. We encourage campers to bring a hat and come with insect repellent and sunscreen applied. We will have additional insect repellent and sunscreen at the Sanctuary, if needed.

We often hike to the headwaters of the Passaic River located on our property. Be sure to wear clothes that can get wet or a bathing suit under your clothes. Please bring a second set of clothes with you to camp in case you get too wet! Also bring a towel and closed-toe water shoes; no open-toe shoes. The water is knee-deep, and we will search for crayfish and other interesting creatures.

Be sure to bring your lunch each day and a water bottle to keep you hydrated. We have a refrigerator in the classroom and will return to the Center for lunch. We will provide lemonade, water, and an afternoon snack. We also provide binoculars, field guides, and notebooks. We are looking forward to exploring nature with you this summer!

Summer Camp Staff
New Jersey Audubon
Scherman Hoffman Wildlife Sanctuary
stephanie.punnett@njudubon.org



NEW JERSEY
AUDUBON
www.njaudubon.org

2012 Summer Day Camp Post-Care Registration Form

Post-Care is provided from 3:30-5:00pm
Cost: \$60/week (full week only)

Child's Name: _____

Check the boxes for dates you are signing your child up for post-care:

- June 25th to 29th
- July 9th to 13th
- July 16th to 20th
- July 23rd to 27th
- July 30th to August 3rd
- August 6th to 10th
- August 13th to 17th
- August 20th to 24th
- August 27th to August 31st

Pick-Up Information

Children must be picked up by 5:00pm. There will be a 5 minute grace period by which time registered post-care participants must be signed out. After this grace period, a late fee of \$1.00 per minute will be charged per child. Please ensure that you can arrange the pick up of your child at or before 5:00pm.

I have read and understand all of the above information regarding NJ Audubon Scherman Hoffman Wildlife Sanctuary's Post-Care Program.

Parent Signature: _____ Date: _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.



**NEW JERSEY
AUDUBON**
www.njaudubon.org

Summer Camp PAYMENT INFORMATION

Early bird registration discount: payments made on or before April 14, 2012.

Child's Name: _____

Your Name: _____ phone # _____

Camp Enrollment

Please list the title and dates of the camps you are signing up for:

Payment Method:

Mastercard Visa Amex Discover Check (payable to NJ Audubon)

If registering by fax or email, you must fill in a credit card number:

Card#: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Billing Address: _____

Please send payment, permission form and health information to:

**NJ Audubon
Scherman Hoffman Wildlife Sanctuary
11 Hardscrabble Rd.
Bernardsville, NJ 07924
Fax 908-766-7775
Email: stephanie.punnett@njaudubon.org**

Preschool Camp	
Early bird registration for week of July 2 nd (4-day Age 4 to K camp): \$95 =	\$ _____
After April 14 th : Attending week of July 2 nd (4-day Age 4 to K camp): \$100 =	\$ _____
Day Camp	
Early bird registration: # of weeks attending (not including July 2 nd to 6 th): _____ x \$265 =	\$ _____
After April 14 th : # of weeks attending (not including July 2 nd to 6 th): _____ x \$280 =	\$ _____
Overnight Camp	
# of weeks attending: _____ x \$650 =	\$ _____
Camp T-Shirt Size (please circle):	
Youth: Small Medium Large	
Adult: Small Medium Large	
NJA Membership Required (Family: \$35 introductory rate, \$45 renewal rate)	\$ _____
Total weeks of Post-Care: _____ x \$60 =	\$ _____
TOTAL FEES	\$ _____



Nature Day Camp & Overnight Camp Permission Form

This form must be completed and returned with appropriate documentation prior to the start of the camp. **No camper will be allowed to participate in activities without the requested forms on file.**

Camp Dates: _____

Camper Information (please print)

Camper's Name: _____

Gender: _____ Age: _____ DOB: _____ Grade completed as of June of the current year: _____

Address: _____

Parent/Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contacts:

1) Name & relationship: _____
Work or Home Phone: _____ Cell Phone: _____

2) Name & relationship: _____
Work or Home Phone: _____ Cell Phone: _____

Code of Behavior

Participant safety is a high priority and these rules are meant to ensure that participants have a SAFE as well as enjoyable experience.

- 1) Be kind to all living things (people and animals too).
- 2) Follow all instructions of the summer camp teachers / naturalists.
- 3) Respect the property of the NJAS center.

Failure to comply with the above rules will result in discussion between the child, his/her teacher, the summer camp director and the parent/guardian. NJAS reserves the right to remove a camper from the program if rules are broken or if a camper's behavior creates an unsafe situation.

By signing this form, I assert that I have read the **Code of Behavior** and discussed it with my child.

Photo Release

On occasion, NJ Audubon will use photographs of campers engaged in fun activities to highlight our programs in brochures, camp nature journals, webpages, press releases, and other marketing materials. We've found that campers are excited to be included in camp photos and welcome the opportunity to visually share their experiences with others. No personal information about the child will be shared.

If you do not want your camper included in NJ Audubon camp photos, please fill out and return the Photo Exclusion Form that is available on our website.

Sunscreen / Insect Repellent

I give NJ Audubon personnel permission to apply sunscreen and insect repellent as needed.

Yes with DEET without DEET

No

Child Pick-up Information

We require that you (or a designated person) sign your child out of camp each day unless the box below is checked. In addition to me, the following persons are authorized to pick up my child from camp.

Name: _____

Name: _____

Name: _____

Check here if your child has permission to leave camp on foot or by bicycle without the accompaniment of an adult. NJAS can take no responsibility for any child who leaves camp without being accompanied by an adult.

Parent/Guardian Authorization

My child, _____, has permission to participate in all camp activities except as noted on the attached health form (for camps lasting four or more days) or as described on the abridged health form (for camps lasting less than four days).

The Policy of New Jersey Audubon Society (NJA) and its *personnel is not to physically administer any medication* to participants in any of its programs. Participants must be able to self administer all of their medications.

I understand that camp activities may include varying degrees of risk and that some activities may take place off site and will require transportation.

I further grant permission to NJ Audubon employees and agents to seek and obtain emergency care for my child in my place if deemed necessary and that transportation may be provided by private or public motor vehicles furnished by NJ Audubon personnel, volunteers or third parties.

Parent/Guardian's Signature: _____ Date: _____



NEW JERSEY
AUDUBON
www.njaudubon.org

NEW JERSEY AUDUBON'S PHOTO EXCLUSION FORM

I DO NOT want my child, _____ (*full name*), to be included in any NJ Audubon photographs. I understand that photographs are occasionally used for brochures, press releases, webpages, camp journals, and other advertising materials and that no personal information about my child would be shared. However, I prefer my child be excluded from any of these photographs.

Print Name

Signature

Date