



March 3, 2010

Dear Parents:

We are excited for our 65th summer at Echo Lake and can't wait to welcome all our campers (both new and old) to Warrensburg!

Attached with this letter are the following:

1. **Echo Lake Parent Handbook**
2. **Medical Related Forms:**
 - a. **Camper Health History Form** (Form #1; must be filled out by parent and reviewed by child's physician)
 - b. **Camper Health-care Recommendations by Licensed Medical Personnel Form** (Form #2; must be filled out by child's physician)
 - c. **Camp Meds Introduction Letter**
 - d. **Camp Meds Helpful Information Letter and FAQ's**
 - e. **Meningitis Form**
 - f. **Insurance Card Copy Form**
3. **Off-site Swimming Permission Slip**
4. **Camper Information:**
 - a. **Camper Information Guidelines Letter**
 - b. **Camper Information Form**

Please review the handbook carefully as it provides all the "nuts and bolts" details about this summer at Camp Echo Lake. For your convenience, the handbook and camper forms can also be found in the "Current Camper and Family" section of our website: www.campecholake.com.

****Please return all forms to our Elmsford Office by May 1st, 2010.****

If you have any questions or concerns, we are always just a phone call away.

Warm Regards,

Tony and Laurie

2010
Camp Echo Lake
Parent Handbook

Dedicated to Human Development

CAMP ECHO LAKE

Tony Stein, Director
Amy Medine Stein, Director Emeritus
Laurie Rinke, Associate Director

Dear Parents:

This handbook is intended to serve as a helpful guide for your summer preparations. By following the information within, we hope that you will find camp preparations quite simple. Please feel free, as always, to call us any time should you have any questions. Please note that the handbook is also posted in the “Current Families and Campers” section of our website at www.campecholake.com.

We are looking forward to another great summer – our 65th – at Echo Lake!

Warm Regards,

Tony, Amy and Laurie

Contact Information:

Winter (thru May 20)
3 W. Main St.
Elmsford, NY, 10523
Phone: (914) 345-9099
Fax: (914) 345-2120

Summer (after May 20)
P.O. Box 188
Warrensburg, NY, 12885
Phone: (518) 623-9635
Fax: (518) 623-3316

www.campecholake.com

IMPORTANT DATES

| | |
|---------------------|---|
| March | New campers hear from Camp Big Brothers and Sisters |
| March 15 | Make appointments for medical and dental check-ups. Complete your ordering from the Cloz Company. |
| April 14 | New Parent Night |
| May 1 | All Completed Camp Forms due to camp office |
| May 6 | New Camper Picnic |
| June 18-21 | Camp Trucking Baggage Service home baggage pick-up. |
| June 20 (Sunday) | CEL Baggage Service area baggage pick-up. |
| June 26 (Saturday) | Campers depart for camp. |
| July 17 (Saturday) | Parents Visiting Day |
| July 18 (Sunday) | Alternate Visiting Day |
| August 15 (Sunday) | Campers return home from camp. |
| August 17 (Tuesday) | CEL Baggage Service area baggage drop-off. |
| August 17-20 | Camp Trucking Baggage Service home baggage drop-off. |

CAMP POLICIES

Food: Campers are not permitted to have food, candy, gum, bottled water or other food items at camp. We provide a very healthy choice of food at camp and our campers always have plenty to eat and drink!

Gratuities: There is NO TIPPING at Echo Lake. Our staff is aware of this rule and knows that anyone accepting “tips” will be dismissed from staff.

Drugs/Tobacco/Alcohol: No smoking or possession of any tobacco or alcohol products or any controlled substance is allowed at camp. Camp is a non-smoking, non-alcoholic and drug-free environment. Any camper or staff member violating this policy is subject to immediate dismissal from camp.

Electronics/Communications devices: Cellphones, beepers, pagers, digital video players, video games, **e-readers** and video cameras are not allowed at camp. ***Personal music players such as iPods, are allowed at camp. Please be sure to label each camper’s iPod with their name. Any such items that have video capabilities must have the videos removed before they come to camp. Staff will be checking all such items for videos – any that contain videos will be confiscated.***

Electric Fans are not permitted. Only hand-held battery-operate fans are permitted.

iPhones and the iPod touch or any other device that is equipped with a wireless internet connection capability are not permitted at camp.

Digital Cameras/Cameras: ***Cameras are permitted at camp, as long as there are no photographs taken inside of cabins, tents, hotel rooms and showerhouses.*** Any cameras used in such places will be confiscated and returned at the end of the summer.

Spending Money: For “special” trips (only those listed below), campers may want to bring spending money to camp. The camp office will be happy to hold such moneys prior to these trips. Spending money is, of course, optional and at the parent’s discretion.

Spending money, for anything besides the trips listed below, will not be held by the camp office and cannot be held by the staff members for campers. Such moneys are solely the camper’s responsibility and camp takes no responsibility for such moneys kept in cabins by campers.

In order to provide parents with some helpful guidelines, should you want to provide your child with spending money FOR THESE SPECIAL TRIPS ONLY, we suggest:

Inter Day Trip: up to \$30

Lower Village Trips to Lake Placid/Vermont: up to \$75

Upper Village Trips to Cape Cod/Boston: up to \$100

4n4: up to \$400

CAMP POLICIES (CONT'D)

Packages: We do not accept packages at camp, including books and/or magazines, with the exception of birthday packages (which may not contain food items or bunk favors). Books and magazines must be sent up to camp with a camper's carry-on luggage on the first day of camp.

If your child has forgotten an essential item at home and you need to send it to camp, please contact either Laurie Rinke (Main Village Director) or Brenda Levine (Senior Village Director) for approval to send such items to camp.

Any packages received addressed directly to campers from parents, grandparents, other relatives or friends, or from family friends who are touring camp, will be held in the office until Visiting Day. If received after Visiting Day, the package will be given to the camper on packing day at the end of camp.

Clothing and Packing: As you pack for camp, we ask that you please follow a few simple guidelines:

1. We recommend the use of two large sports equipment bags or soft trunks, available from Cloz. If you are purchasing new camp baggage, we specifically recommend the Cloz Jumbo Ballistic Cargo Bag. For storage, durability and ease of handling they are far superior to the standard camp trunk. **ALL CAMP BAGGAGE MUST HAVE CAMPER'S NAME CLEARLY PRINTED ON THEM.**
2. We do our own laundry on camp grounds. Please pack wash and wear items only. We also ask that all items sent be colorfast.
3. No dressy clothes are needed, and we remind you that skirts, skorts, blow dryers, make-up and jewelry are not allowed at Echo Lake. Tank tops or t-shirts that allow undergarments to show through are not allowed.
4. Girls may bring only one-piece bathing suits to camp. Monokinis or bathing suits that are risqué are not permitted.
5. All campers must bring their own sheets, blankets, pillowcases and pillows to camp.

MAIL

Please provide your child with an adequate supply of postage and stationery. Pre-addressed envelopes for younger children are very helpful. When addressing a letter to your child at camp, please put his or her group name on the envelope (we will e-mail your child's group to you on the first day of camp).

Campers are required to write home to parents three times each week. Please keep in mind that letters written during the first week of camp, particularly from new campers, may reflect the challenges inherent in the natural adjustment to camp. If you have any concerns, please don't hesitate to call us.

E-MAIL

You may e-mail your child at camp. At the beginning of camp, we will post instructions on our website as to how you can e-mail your child. We print out e-mails Monday through Saturday and distribute them with the regular mail. Campers are not allowed to send e-mail. *Please remember that campers love receiving "regular mail."*

FAX SERVICE

Due to our inability to handle a large number of faxes, only Canadian parents or parents traveling outside the United States may send faxes. Our fax number is (518) 623-3316.

BAGGAGE INSTRUCTIONS

All campers from the United States must pre-ship their baggage to camp.

CEL Baggage (Metro NY, NJ, CT): CEL Baggage is a baggage service we operate ourselves and provides regional baggage drop-off and pick-up service at convenient locations around the metro area. It is the most economical way to ship baggage to camp and in April, you will receive information about this service. As this service is provided by Echo Lake personnel and baggage goes directly to camp, there is no need to lock any baggage.

Camp Trucking (Metro NY, CT, NJ, PA, FL, MD, VA, DC and ILL): Camp Trucking provides door-to-door pick-up and drop-off service. You will receive information about this service at the end of April and they will advise you on or about June 1 as to the exact date of your pick-up. We suggest that all baggage shipped via Camp Trucking be locked. Please make sure we receive your child's baggage keys or combinations by June 16th.

Canada: All Canadian baggage will accompany campers to and from camp. To facilitate the baggage handling, staff will be on hand. Baggage should not be locked.

PHONE CALLS

We can schedule up to three phone calls (**a birthday phone call counts as one of these phone calls**) per child during the course of the summer (where there is a divorce or separation, each parent can schedule up to three calls). These calls are not mandatory, and many campers (particularly in the Sr. Village) do just fine with two calls during the summer. Because 4n4 campers can call home anytime throughout their trip, we schedule only one phone call prior to their trip departure. We do not schedule any calls for LIT's.

Phone calls are scheduled by you on-line starting June 16, 2010 at 7:00 AM. Instructions for how to do this will be e-mailed to you in the spring.

Due to the initial adjustment to camp and in recognition of all the special events that take place at summer's end, we ask you to understand that we do not schedule phone calls either prior to July 2nd or after August 7th.

Due to the volume of calls we have to conduct during the summer, we cannot schedule phone calls with grandparents or additional calls with parents, even for family occasions like birthdays.

Our camp office is open from 8:00 AM to 8:00 PM. We use an answering machine between the hours of 8:00 PM and 8:00 AM. If you ever need to reach us in an emergency, we check our answering machine each night at 11:00 PM and our machine also provides a beeper number at which you can reach us during the overnight hours.

BIRTHDAYS

We know that Birthdays are VERY important to you and your child and they're equally important to us! We want to make it as HUGE as possible for the birthday girl or boy.

If your child has a birthday while at camp...

- Their entire village will sing to them!
- They will get a birthday fuzzy!
- They will wear a birthday hat all day!
- They will get a birthday cake to share with their friends!
- They will have a phone call with you. We just ask that you schedule this in advance similar to regular phone calls.

HEALTH CARE

Medical Information: Please complete your Medical Forms and return them to our office by May 1st. No camper will be allowed to depart for camp unless we have received his or her Medical Forms. Please make your appointments now so that you can complete the forms by May 1st. New York State requires a full listing of up-to-date physician-documented immunizations (including current tetanus).

Medical Form 1: *Camper Health History Form*; this must be filled out by you and must be reviewed by your child's physician.

Medical Form 2: *Camper Health-Care Recommendations by Licensed Medical Personnel*; this must be filled out by your child's physician. **Any medical forms from your physician may not be substituted in place of the required camp forms.**

Medical History: Each camper's medical history is reviewed carefully by our Medical Staff prior to the start of camp. Please keep in mind that the more we know about your child's health history, the better care we can take of him or her. Please advise us of any injury, illness or communicable disease your child has experienced within three weeks of arrival at camp.

Any and all information pertaining to your child's psychological or social development (including any counseling) is invaluable as we work to maximize your child's experience at camp. Our medical form requires it and we ask you to be as detailed as possible. Be assured this information is treated in a confidential manner.

Medications: Camp families must have all prescription and non-prescription camper medication which is in pill form and taken daily or at regular intervals pre-packaged and sent to camp prior to arrival day through Camp Meds. (Please see the Camp Meds instruction sheet included with the Parent Handbook e-mailing for further reference.)

Any medication not covered by this policy, such as inhalers, vitamins and liquid medications, must be sent to camp one week prior to arrival day.

The camp Health Center stocks most over-the-counter items, such as Tylenol, Advil, Benadryl, Claritin, etc., so please do not send these medications to camp as campers are not allowed to keep any medication in the bunk.

HEALTH CARE (CONT'D)

Filling Prescriptions during the summer: Should your child develop a need for additional medication during the summer, we have a fully-stocked Rite-Aid pharmacy one mile from camp. In order to make paying for prescriptions as easy as possible (whereby you would be billed directly from Rite-Aid), the following is mandatory (for U.S. parents only):

- Provide us a front and back copy of your Prescription Plan card. **With some plans, the Prescription Card may be different than the Health Insurance Card. We must have a copy of the front and back of the Prescription Card for the pharmacy.**

- Where possible (in most U.S. areas), you can register at your local Rite-Aid so prescriptions can be billed directly to you. (You can call Rite-Aid at 1-800- RITEAID, or check their website at www.riteaid.com to locate the store nearest you.)

- We will bill you directly from camp for any co-pays.

- Canadian parents will be billed directly from camp for prescriptions.

Dental Work: Please complete all dental and/or orthodontic work prior to camp.

Eyeglasses: Please send a second pair of glasses with your child if he or she wears glasses.

DEPARTURE -SATURDAY, JUNE 26th

Long Island: 10:30 AM at T.G.I. Friday's at 1445 Northern Boulevard, Manhasset.

Manhattan: 10:30 AM at Fifth Avenue between 85th and 86th Street, on the west side of the street.

Montreal: 11:00 AM at Cavendish Mall parking lot – on the Cavendish side.

Westchester, Connecticut, Riverdale and Rockland:

10:30 AM at Congregation Kol Ami, 252 Soundview Avenue, White Plains.

New Jersey: 11:00 at the Syms store parking lot at 330 Route 17, Paramus, NJ.

Directions to all locations are available on our website at www.campecholake.com

Any family not covered by the transportation schedule or any family making special transportation plans should contact our office prior to June 1st.

PROCEDURES AT DEPARTURE POINT

1. Please arrive at least 15 minutes prior to departure time. Check in with the Trip Leader and have your child go directly to his or her assigned bus with any carry-on luggage.
2. Please provide your child with a bag lunch, including a drink. Please do not send excessive food or sweets on the bus. Any food unconsumed on the bus is thrown away upon arrival at camp.
3. Please limit carry-on luggage to one piece per child. ALL CARRY-ON LUGGAGE MUST HAVE CAMPER'S NAME CLEARLY PRINTED ON THEM.
4. If you should miss the camp bus, please call camp immediately at (518) 623-9635 for further instructions.

VISITING DAY -SATURDAY, JULY 17th

Visiting Day is Saturday, July 17th from 9:00 AM to 3:00 PM. Our alternate Visiting Day for parents who are divorced or separated is Sunday, July 18th from 9:00 AM to 3:00 PM. We ask that you remain on campus for the duration of the day and enjoy all of our facilities with your children. Please do not bring any pets with you. Grandparents are welcome to visit with you as well – this is the only day grandparents may visit camp.

We provide lunch and please bear in mind that any food brought in by parents must be consumed by the end of the day. Camper activities commence at 3:15 PM sharp. We start into activities right away as the end of Visiting Day can be difficult for some campers. Getting right back into activities is the best way to alleviate those difficulties.

LIT's and their parents also have Friday night visiting hours (on-site or off-site) from 6:00 PM to 11:00 PM. (Younger siblings of LIT's do not visit with parents at this time.) Directions to camp are available on our website at www.campecholake.com.

Bunk Gifts are not allowed on visiting day or at any time during the summer.

AREA LODGING (Area Codes for all are 518)

Warrensburg

Super 8 623-2811

Alynn's Butterfly Inn (B&B) 623-9390

Cornerstone Victorian (B&B) 623-3308

Seasons B&B 623-3832

Emerson House (B&B) 623-2758

Bolton Landing (20 minutes east of camp)

The Sagamore Resort 644-9400

Chestertown (15 minutes north of camp)

Friends Lake Inn (B&B) 494-4751

Landon Hill Bed and Breakfast 494-2599

Lake George (15 minutes south of camp)

Great Escape Lodge 888-708-2684

Hampton Inn 668-4100

Holiday Inn 668-5781

Comfort Suites 761-0001

For other choices, please visit www.visitlakegeorge.com and www.adirondackbb.com.

Please make your Visiting Day reservations now.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

| Immunization | Dose 1 Month/Year | Dose 2 Month/Year | Dose 3 Month/Year | Dose 4 Month/Year | Dose 5 Month/Year | Most Recent Dose Month/Year |
|--|---|----------------------|----------------------|----------------------|----------------------|--------------------------------|
| Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP) | | | | | | |
| Tetanus booster ★ (dT) or (TdaP) | | | | | | |
| Mumps, measles, rubella ★ (MMR) | | | | | | |
| Polio ★ (IPV) | | | | | | |
| Haemophilus influenzae type B (HIB) | | | | | | |
| Pneumococcal (PCV) | | | | | | |
| Hepatitis B | | | | | | |
| Hepatitis A | | | | | | |
| Varicella (chicken pox) | <input type="checkbox"/> Had chicken pox Date: _____ | | | | | |
| Meningococcal meningitis (MCV4) | | | | | | |

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

| Name of medication | Date started | Reason for taking it | When it is given | Amount or dose given | How it is given |
|--------------------|--------------|----------------------|---|----------------------|-----------------|
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ | | |
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ | | |
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ | | |

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (**list**):

To medications: (**list**):

To the environment (**insect stings, hay fever, etc.—list**):

Other allergies: (**list**):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (**describe below**)

The camper is undergoing treatment at this time for the following conditions: (describe below**)** None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (**name, dose, frequency—describe below**)

Other treatments/therapies to be continued at camp: (describe below**)** None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed**)**

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____



Dear Parents,

In our on-going commitment to meet the needs of our campers who require medication while at camp as well comply with strict state regulations regarding medication dispensing for summer camps, we will continue to work with **CampMeds Inc.**, a pre-packaging medication program founded by a former camp nurse. *CampMeds* has been servicing the camping industry for the past 7 years providing the convenient service of dispensing, packaging and shipping medications directly to summer camps.

Our policy and procedure for dispensing and administering medicine **REQUIRES** camp families to have all of your child's medicine in **PILL FORM** to be dispensed by *CampMeds* and sent to camp prior to their arrival.

***CampMeds* will fill:**

- **Prescription medication in pill form - daily or "as needed"**
- **Non prescription medication in pill form such as allergy medication-daily or "as needed" (You do not need to go through *CampMeds* for vitamins).**

Please remember that the *CampMeds* pharmacy can dispense all meds, (excluding Accutane, growth hormone, insulin and birth control pills) but you are only required to have them fill the above listed items.

*Our camp stocks most over the counter items such as Tylenol, Advil, Benadryl, etc. so there is no need to have *CampMeds* dispense typical OTC items.

Medications that are in pill form are individually packaged and sealed according to date and time of administration. Each individual packet may contain one or more pills prescribed to be given at the same time. This method of dispensing medicine during summer camp minimizes potential med errors, ensuring that every camper gets the correct medication and dosage, at the right time, on the right day. It also allows your children to return to their camp activities sooner, because administering meds that are pre-packaged and organized reduces their time spent in line waiting for meds! Our nurses now have more time to devote to your child's other healthcare needs.

Medication at camp is dispensed at mealtimes and bedtime. Only if medically necessary and a specific time is written on the prescription, will the meds be dispensed at a different time of day. You are responsible to check that your child's prescriptions are written exactly how and when the medication is to be given. For example, if the med is to be taken only as needed, the prescription must be written that way; if the med is to be the "brand drug", the prescription must specify "brand only" or the generic will be dispensed.

We want to be clear that we do expect **100% participation** from families with campers who will need medication in pill form while at camp. The only exception to this procedure is if *CampMeds* notifies us that they are unable to accept your insurance. If your camper does not take medication in pill form, you do not need to register with *CampMeds*.

If your camper will be taking medication at camp this summer, please read the following detailed letter, important FAQ's and visit their website, www.campmeds.com for additional information and to register your camper.

We are confident that this program continues to help us achieve our primary goal; *the health, well-being and safety of your child.*

Regards,

Tony and Laurie



Dear Camp Parents,

This summer, Camp Echo Lake will continue work with **CampMeds Inc**, a pre-packaged medication program to dispense and package your child's medication for camp. Camp families are **required** to register with **CampMeds** if your child takes medicine in pill form while at camp. The **CampMeds** pharmacy will dispense all of your child's prescription and non-prescription pills taken daily or as needed. **You do not need to go through CampMeds for vitamins**. All pills will be dispensed and individually packaged in sealed packets labeled with your child's name, medicine, dosage, date and time to be given. Medication not in pill form (liquids, inhalers, drops, etc), can be dispensed as well. Our system ensures that each camper receives their correct medicine at the correct time. All medicine will be shipped to camp prior to your child's arrival.

What you need to do:

1. Register on www.CampMeds.com (you may register prior to obtaining prescriptions)
2. Note the Camper ID # you will receive when registered. Print out receipt at the end registration.
3. Obtain original prescriptions written for 30 day increments. (Refer to FAQ #11)
4. Write Camper ID # on top corner of prescriptions. *Do not send us medication, only the written RX
5. Prescriptions are filled as written. It is your responsibility to confirm all prescriptions are written correctly; exactly how and when your child takes the medication (daily or PRN), that the correct med is prescribed and the dosing is correct. (Refer to FAQ #2 and #15).
6. Prescriptions must have a refill if taken daily. Unused meds will be sent home from camp
7. **For Controlled Substances:** Law requires a new prescription for each 30 day supply. Two separate 30 day Rx's are required for Controlled Substances. No refills and only 30 days of meds should be written on the prescription. Send all prescriptions together
8. Non-prescription meds; physician's authorization or written directions by parent required.
9. Include a copy of both sides of your insurance/prescription card.
10. Mail prescriptions, registration receipt and copy of insurance card directly to:
CampMeds PO Box 267037, Ft. Lauderdale, FL 33326-7037

Fees: There is a one-time registration fee of \$60 which includes packaging and shipping. The fee will be charged to your credit card immediately upon registration. **Fees are per camper, not prescription, and do not include the cost of medicine.

Deadlines: ALL OF THE ABOVE ITEMS MUST BE RECEIVED BY MAY 26th

A \$25 late fee will be charged to your credit card if any of the items above are received after deadlines.

Please be aware that your credit card will be charged the shipping cost for any med change or if additional meds are ordered and sent to camp after your initial medication and/or refills have been sent.

Email Notification: You are notified by email when **CampMeds** receives your online registration, when your prescriptions are received and when meds are sent to camp. Contact us if you do not receive a confirming email within one week of sending prescriptions.

Insurance/Prescription Meds: The **CampMed's** licensed pharmacy partner accepts most insurance plans. They will verify your insurance upon registration and submit to your plan once camp begins. You are responsible for all co-payments, deductibles and meds not covered by your insurance. **All of your med charges will appear on your credit card statement from the Pharmacy usually after your child returns home. You are responsible to notify **CampMeds** of any changes to your credit card and/or insurance plan. If the pharmacy is not a provider for your plan, we will notify you to arrange alternative arrangements.

OTC Items and Meds Not Covered by Insurance: Will be charged to your credit card by the Pharmacy.

Please refer to our website www.CampMeds.com for registration and important details. For questions contact **CampMeds** at 954-577-0025 or info@CampMeds.com. **Please review the following FAQ's.**

CampMeds FREQUENTLY ASKED QUESTIONS

1. Exactly which medications am I required to have *CampMeds* dispense?

- All pills *except* the following: vitamins, dissolvable pills, Accutane, Lactaid (taken as needed), birth control pills
- CampMeds does NOT dispense insulin or growth hormone injection
- Most camps stock drugs such as Tylenol, Advil, Benadryl, etc; you do not need to have *CampMeds* dispense those typical items if they are only taken “as needed”.

2. How can I be sure the meds will be packaged exactly the way my child takes them?

It is your responsibility to check that the written prescription is written correctly. If the med is to be taken daily, the prescription should be written for every day with the time of day, such as morning, with lunch, etc. If the med is to be given at bedtime, the prescription must specify. **If a prescription is written as “once a day” with no specific time, the medication will be packaged for the morning.** If the med is taken only “as needed” (PRN), the prescription must be written to specify only “as needed”.

3. Do I need to register my child again if I registered last summer?

Yes, you need to register for this summer and your child will be assigned a new Camper ID.

4. Will the pharmacy accept my insurance?

Our pharmacy partner is contracted with most insurance plans however, until you submit your online registration form with complete insurance information, your plan cannot be verified for billing. We will contact you if the pharmacy is not on your plan. You will not be required to participate in the *CampMeds* program if your insurance will not pay for medicine dispensed by our pharmacy. It is *CampMeds* responsibility to verify the pharmacy is an in network provider for your insurance plan. You will be responsible for co-payments, deductibles and any over-the-counter requests not covered by insurance. If you have an insurance change, please email the updated insurance to CampMeds in order to avoid the credit card charges for the full cost of medication. Any credit card charges from the pharmacy will appear as a separate charge *after* your child returns from camp.

5. Will my co pay be the same from the *CampMeds* pharmacy?

Our pharmacy partner will confirm that they are a participating provider for your insurance plan once you have registered at www.campmeds.com. This will ensure that your co pays will be the same as you pay at your local pharmacy. You will be notified if we are NOT a provider for your plan. Since we will NOT submit to your insurance until your child arrives at camp (a courtesy that enables refills prior to camp if needed), there is no way for the pharmacy to determine in advance if the medication your child will be prescribed and/or the dose that is prescribed will be covered by your insurance, or if a prior authorization from the physician will be required for a particular medication prescribed. *It is your responsibility to contact your insurance to confirm all medication and dosages will be covered.* Please keep in mind that insurance plans change frequently, so it is a good idea to contact your prescription processor prior to mailing your child’s prescriptions to *CampMeds*.

6. What if I use a mail order pharmacy or have a 90-day prescription plan?

Usually our pharmacy can only dispense a 30-day supply of meds. You will be responsible for a 30 day co pay determined by your insurance plan. Please register at www.campmeds.com and follow instructions below:

- After registering, fax *CampMeds* a copy of both sides of your insurance card that covers the meds and note that you use a Mail Order pharmacy for your child’s medication. You must also reference the Camper ID you will receive at the end of registering.
- List the medications and dosages to be dispensed
- We will confirm that our pharmacy is a participating provider for your insurance plan and that we can dispense a 30 day supply of meds.
- If medication is needed prior to camp, count the number of days your camper will need before camp and request only that number of days be filled for home use.
- *CampMeds* will contact you to discuss details. If we are unable to dispense meds for your child, your registration fee will be refunded.

- 7. What if my child's medication needs to be refilled while at camp?**
Medication prescribed for "daily" use is automatically refilled by our pharmacy and sent to camp for campers attending over 30 days. Prescriptions must be written with refills. **PLEASE NOTE:** Refills will be billed 30 days after the initial billing. Do NOT refill your child's medicine while at camp. This will cause your insurance to reject our pharmacy submission of your child's medication claim, and you will be charged full price for meds dispensed. Once your camper finishes any unused meds brought home from camp, along with any meds left at home prior to camp, you may then refill your child's medication. You will fall right back in to your refill cycle!
- 8. How are "as needed" medicines packaged?**
CampMeds will pre-package "as needed" (PRN) medicine separately from daily meds. Your child will go to the nurse for these medications when he/she needs them and they will be refilled only if necessary. The camp nurse will contact *CampMeds* if a PRN med needs to be refilled. Unused meds will be sent home at the end of camp.
- 9. What if I need to fill a prescription for my child before camp starts?**
You may refill your child's medication anytime before camp, if necessary. In order to help ensure that medications for camp will be covered by your plan, please request only the amount of medication needed at home before camp begins. The pharmacy will not bill your insurance until camp begins.
- 10. I can only refill my child's medicine when he is down to his last pill. How can the pharmacy send the meds to camp before a refill is due?**
The pharmacy will dispense the meds and send to camp prior to your child's arrival, but will not submit to your insurance until the day your child begins camp. If need be, the pharmacy will request a vacation override from your insurance company. On occasion, the pharmacy will resubmit the claim form on the appropriate date for reimbursement. Med charges will not appear on your credit card until your child returns from camp.
- 11. Why don't you dispense meds for the exact days of camp, rather than in 30 day increments?**
Most insurance plans only reimburse for 30 days of meds per month, and you the insured, usually pay a co pay for each 30 day supply. If the Rx is written for less than a 30 day supply, your co pay will be the same cost as a 30 day supply. If the Rx is written for a 40 day supply because your child attends camp for 40 days, we will dispense a 30 day supply. The refill will be dispensed for the remaining 10 days which will cost the same as a 30 day supply.
- 12. Will non-prescriptions cost the same as I pay at my pharmacy?**
The pharmacy is competitive in pricing however, there is no way to know if you will pay a few dollars more, or a few dollars less.
- 13. Can a half of a pill be packaged? Yes**
- 14. My child takes a different dose of the same medicine every other day. Can it be packaged that way? Yes**
- 15. Will the pharmacy dispense generic or brand?**
Unless the prescription specifies "Brand Only", "Brand Medically Necessary" or "Do Not Substitute", the pharmacy will dispense generic. It is your responsibility to confirm the prescription is written correctly.
- 16. What if my child takes a "Controlled Substance" such as Concerta or Adderall?**
An original prescription is required. For campers staying more than 30 days, an additional prescription for a 30 day supply of meds is required. It is against the law for a "controlled substance" to be refilled. **Please send a separate prescription for every 30 day supply.** All prescriptions for the child's camp stay should be received by *CampMeds* at the same time. Please visit our website at www.campmeds.com for a detailed letter you may give your physician on controlled substance prescriptions to be dispensed by the *CampMeds* pharmacy. You may explain that we can accept two separate 30 day prescriptions written for the same date, but they will only be dispensed one month at a time. The physician may write both prescriptions each with a different date.
- 17. What if my child is placed on a prescription or non-prescription daily medication after the deadline date to register and submit prescriptions has passed?**
CampMeds will always accommodate all campers at anytime. You may be asked to send your child with a small supply of meds as back up and the \$25 late fee will apply.
- 18. When will the pharmacy charge me for my camper's medications?** Since our pharmacy partner will not submit to your insurance until camp begins, you may not receive a charge on your credit card until AFTER your camper returns home. Please notify us if your credit card information changes during the summer.



Dear Echo Lake Parents:

Under New York State law, Camp Echo Lake is required to provide you with information about meningococcal disease, commonly known as meningitis, and the vaccine, and maintain a record of the following for each camper:

- A signed notice that you (as the parent or guardian) have received information about meningococcal meningitis disease and vaccine information; AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years; OR
- An acknowledgement of meningococcal meningitis disease risks and a waiver of meningococcal meningitis immunization signed by the camper's parent or guardian.

Bacterial meningitis is rare. However, its flu-like symptoms can make diagnosis difficult and can lead to a delay in treatment. If not treated early, meningitis can lead to severe inflammation around the brain and spinal column as well as severe and permanent disabilities, including hearing loss, brain damage, seizures, limb amputation, shock and even death.

Many adolescents do receive the meningococcal vaccine prior to starting college when they will be living in dormitory settings. Because the vaccine does not offer permanent protection, and it is not certain that re-vaccination is effective, the decision to vaccinate younger children especially should be carefully considered and discussed with your physician. According to the manufacturer, protection lasts "for at least two years and possibly longer".

For more information regarding meningococcal meningitis vaccine and disease, please consult your child's physician. You can also visit <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf> and WWW.HEALTH.STATE.NY.US

Sincerely,

Tony Stein
Director

Sam Weinstein, MD
Camp Medical Director

Check one box and sign below.

- My child has had the meningococcal meningitis immunization (Menomune™/Menactra™) within the past 10 years. Date received: _____
[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]
- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____

(Parent / Guardian)

Camper's Name: _____ Date of Birth : _____



CAMP ECHO LAKE INSURANCE CARD COPY FORM

Copy of Front of Insurance Card

Copy of Back of Insurance Card



March 3, 2010

Dear Parents:

The New York State Department of Health requires that we have parents' permission for each of our campers to participate in swimming on out-of-camp trips. Please return it to us as soon as possible. Your child(ren) will not be allowed to swim or boat with our tripping program, called "Trek", until we have received your permission.

You, as parents, have chosen Echo Lake because you know your children are safe with us and that all our programs are run with the highest standards of care. We comply with the regulations of the New York State Department of Health and the American Camp Association, the two bodies that govern the way we run Echo Lake.

A Trek leader certified in First Aid leads all of our Trek trips. In addition, whenever a Trek trip includes swimming or boating, a lifeguard certified staff member accompanies the trip. The swimming sites we use away from Echo Lake meet the Department of Health requirements and typically are locations that our Trek program has visited and used many times before.

Please feel free to call should you have any questions.

Regards,

Tony and Laurie

Off-site Swimming Permission

I have been informed by Camp Echo Lake that a) my child(ren) _____
may participate in swimming at sites that are not inspected by the permit-issuing official; b)
qualified camp staff will determine the suitability of the site at the time of each use, and c) the
location may be remote or inaccessible to allow for prompt transfer to an emergency medical
health care facility.

Parent/Guardian Signature _____ Date _____



March 3rd, 2010

Dear Parents:

Enclosed in this packet you will find the Camper Information Form, which we ask you to complete and return to our office by May 1. **As you complete the Camper Information Form, please provide any and all information you feel will be helpful for us to know about your child.** This information is communicated to your child's counselors during our staff orientation. It allows them to be best prepared to help support and nurture your child emotionally, socially and programmatically.

With regards to cabin placement, our goal is that every one of our campers lives in a cabin in which they can thrive. **It is important to remind you that we do not repeat cabins from year to year, which means that each summer your child returns to camp, he or she will live with a different mix of campers.** We have always found this helpful at Echo Lake, both in terms of making our new campers feel more welcomed, and in order to assist our campers in reaching out beyond their own existing friendships.

It is always our goal to meet as many of your child's cabin requests as possible. The cabin request mix of over 450 campers, however, simply does not allow for every camper to get all their requests met. This is why we ask for at least **three requests**, so that we can ensure that your child will be with at least one of the friends he or she requested. It is our top priority to meet a camper's first request, and in most cases we are able to do that. It is our next priority that we meet as many second and third requests as possible. We do that in as many cases as we can. **If your child comes to camp expecting to receive all of his or her requests, he or she will likely be disappointed.**

In all cases, we want to ensure that every child is placed in a cabin in which he or she can thrive. That includes a social environment in which your child can both enhance existing friendships and develop new ones. It also includes, as always, living with counselors who are wonderful role models and fully engaged in the success of your child.

We cannot take bed requests. As there are a limited number of beds in each cabin, it is not possible for us to meet individual bed requests (corner bed, no corner bed, bunk bed, no bunk bed, etc).

Please be sure to return the Camper Information Form to our office by May 1st, so we have it in time to consider your child's cabin requests. In the meantime, should you have any questions at all, please don't hesitate to call.

Warm Regards,

Tony and Laurie

Camp Echo Lake

Camper Information Form

Camper name: _____ Likes to be called: _____

Parent Section:

We are especially interested in your expertise of your child's unique needs and personality.

Please inform us of **ANYTHING** that may help us better plan for his/her summer success.

Please feel free to use additional paper if necessary.

A. What are your child's strengths?

B. What are your child's vulnerabilities?

C. What tips can you offer to help your child be most successful?

D. In the past year have there been any significant physical, emotional or social events for your child ?

E. Please tell us ANYTHING else that would be helpful to know about your child/family.

PLEASE TURN OVER

Camper Name: _____

Parent / Camper Section:

List **in order of preference** AT LEAST 3 campers you would MOST enjoy having in your cabin.

Camper Section:

1. What about camp are YOU looking forward to the most?

2. What is your biggest concern about the upcoming summer?

3. If you had a Saturday to do whatever you wanted what would you do?

4. Who is your hero and why?

**WE KNOW YOUR
CHILD BUT
HIS/HER
COUNSELOR MAY
NOT.
PLEASE ATTACH
A RECENT
CAMPER PHOTO
HERE!!**

PLEASE RETURN THIS FORM TO THE CAMP OFFICE BY MAY 1!