



2022 SUMMER CAMP APPLICATION FORM / PERMISSION SLIP / INFO FORM

Child's Name: _____ **Age:** _____ **Date of Birth:** _____ Male Female

Race: Caucasian, Hispanic, African American, Asian, Mixed Race **(Circle One)**

Address: _____ **Telephone:** _____

Please list any medical /behavioral conditions the child has: _____

School / Town & Grade: _____

T-Shirt Size: Small, MED, LG, XL, XXL, XXXL **(Circle One)**

Parent/Guardian's Name: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____ **Email Address:** _____

Parent/Guardian's Name: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____ **Email Address:** _____

Address if different from above: _____

Emergency Contacts (other than Parent/Guardian listed above)

Name: _____ **Telephone:** _____ **Relationship:** _____

Name: _____ **Telephone:** _____ **Relationship:** _____

Please list all people who may be responsible to pick up your child. Please notify the Director any day a different person will pick up your child. Your child will not be permitted to leave camp with any unauthorized person.

People Who May Be Authorized to Pick Up Your Child (If a Taxi service, please list direct numbers):

Name: _____ **Telephone:** _____ **Relationship:** _____

Name: _____ **Telephone:** _____ **Relationship:** _____

Referral Contact & Funding (WCS Foster Care / UCFS / DCF/ Independent Referral):

1. Tuition Funding

Name/ Funder (print & sign): _____

Organization/City: _____ **Telephone:** _____

Email: _____ Fax: _____ Cell Phone _____

2. Transportation Funding

Name: _____

Organization/City: _____ Telephone: _____

Email: _____ Fax: _____ Cell Phone _____

How did you hear about Camp Cuheca? _____

Interests /Hobbies:

Please circle and list Interests and Hobbies.

Hiking, Camp Site Building, Survival Skills, Adventure Course, Fishing, Horseback Riding, Sports, Fitness Workouts, Gardening,

Arts & Crafts, Animal Care, Group Activities, Farm, Nature Center, Camping, Group Activities,

Movies, Reading

Goals:

Please list 3 goals for your child to set out and accomplish at Camp Cuheca.
(Academic, Health & Wellness, Social, Behavioral, Artistic, ext.)

Additional Information:

Please list any additional information that you would like to share about your child (Optional).

I certify that all the above information is true to the best of my knowledge. I give my permission for the child named to attend Camp Cuheca.

Signature of Parent/Guardian: _____ Date: _____

CAMP INFORMATION

Camp HOURS: 9:00 am to 3:30 pm
Please check the week(s) you are requesting

Week 1:	___ July 5 - July 8 **	Week 5:	___ August 1 - August 5
Week 2:	___ July 11 - July 15	Week 6:	___ August 8 - August 12
Week 3:	___ July 18 - July 22	Week 7:	___ August 15 - August 19
Week 4:	___ July 25 - July 29		

COST:

- Weekly Tuition: \$500/week ** \$400/week 1
- 2 snacks and a lunch provided daily

Payment is required in full at time of registration to secure each week's placement and must be received 30 days prior to starting date of each session.

Confirmation and instructions will be forwarded upon receipt.

Please make checks payable to:
Waterford Country School/Camp Cuheca
Send application form and payment to:

Tina Cote, Camp Director
Waterford Country School
78 Hunts Brook Road,
Quaker Hill, CT 06375

Director's Phone: 860-442-9454 ext. 4290
Fax: 860-440-4345
Email: tcote@waterfordcs.org



WELCOME TO CAMP CUHECA!

New Animals! New Adventures! Same great memories!

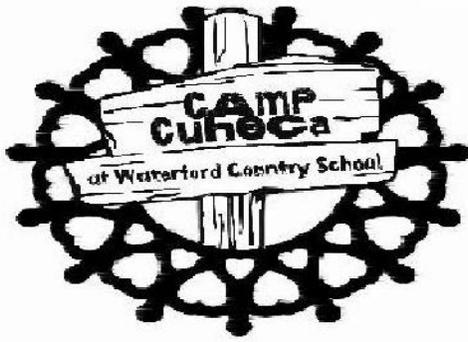
WHAT TO BRING TO CAMP:

Please place items in a labeled backpack to include:

- ___ Proper footwear (sneakers)
- ___ Sunscreen
- ___ Bathing suit/flip flops (beach days)
- ___ Towel
- ___ Insect repellent
- ___ An extra change of clothes to suit the weather

PLEASE DO NOT BRING:

- cell phones, radios, ipods, MP3 players, walkmans, CD's or any other electronic devices
- pocket knives or other sharp objects
- tobacco, alcohol or other drugs
- fireworks
- any valuables
- **NO** Flip flops permitted at Camp Cuheca. On beach days wear sneakers, bring flip flops.



**PARENT PERMISSION SLIP
OFF GROUNDS FIELD TRIPS**

Dear Parent,

Please sign below to give your child permission to attend “off grounds” field trips this summer at Camp Cuheca that will include the following: Sports Complexes, Ocean Beach, State Parks, Movie Theaters and Museums.

Camper Name: _____

Parent Name (please print): _____

Parent Signature: _____



Experiential Education & Wildlife

Applicant Information Form and Release of Liability

Disclosure: Waterford Country School, Inc. (WCS) Adventure Programs involve a variety of programs that often include warm-ups, games, group initiative problem solving, high and low ropes course elements, and other rigorous physical adventure activities.

All participants are encouraged to consider his/her personal health and physical condition prior to participation in any program. Such participation involves physical exertion. The participant, being aware of any conditions predisposing him/her to injury or illness, and in consideration of inherent physical exertion, may wish to seek the advice of a physician prior to participation or may choose not to participate at all. The level of participation in these program activities is at all times completely up to the individual. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

A certified member of the Experiential Education staff will supervise each program and will do everything possible to provide a suitable, safe and enjoyable experience. (The Director reserves the right to issue new or modified existing rules or regulations that are deemed essential to the success of the overall program.)

Policy for participation in all WCS Adventure Programs requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. This completed form must be returned to Waterford Country School in order for the individual to be permitted to participate in any activities.

Activity Information

Type of Activity: _____

Date(s) of Activity: _____

Group/Sponsoring Organization: _____

Applicant Information

Name: _____

Date of Birth _____

Name of Health Insurance Company _____

Agent Address _____

Policy # _____



Experiential Education & Wildlife

Do you have any limiting physical disabilities or handicaps (temporary or permanent)? [] No [] Yes
If yes, identify and explain

Are you currently taking medication (prescribed or otherwise, e.g., cold medicine)? [] No [] Yes
If yes, state what you are taking and why

Do you have any allergies, reactions to medications, or any other medical special conditions? [] No [] Yes
If yes, identify and explain

Release of Liability

Each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horse or horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure or activity by the person providing the horse or horses or his agents or employees.

I understand that part of the Waterford Country School Adventure Program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in these activities. I recognize the inherent risk of injury in WCS Adventure activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I hereby release Waterford Country School, Inc., its staff members, and Board of Trustees, from all liability for any injury to me resulting from my or my child/ward's participation in WCS adventure activities.

Applicant's Signature: Date:

Applicant's Address:

Home Telephone: ()

Business Telephone: ()

I hereby give my permission for my child to participate in the above activity.

Parent/Guardian Signature:

(for applicants under age 18)

Relationship to Applicant:

Camper

Date of Arrival _____

Staff

Departure Date _____

CAMP CUHECA MEDICAL FORM

Fax to: 860-442-2228 ATTN. Tina Cote

or

Mail to: Waterford Country School – ATTN. Tina Cote– 78 Hunts Brook Rd, Quaker Hill, CT 06375

Name _____ DOB _____ Age _____ M F

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____

Parent/Guardian Address (if different than above) _____

Phone (home) _____ (work) _____

(cell) _____

Other contact in event of an emergency

Name _____ Phone _____

Physician's Name _____ Phone _____

Medical/Hospitalization Insurance _____ Policy # _____

Subscriber's Name _____ DOB _____

RECOMMENDATIONS AND RESTRICTIONS WHILE IN CAMP

In compliance with state law, you must sign a directive for medications if the nurse is to administer medication according to physician's standing orders. The following is a list of medications which we stock in our medical office. Please cross off any medications you **do not** want to be given to your child and then sign the statement at the bottom. You may substitute a medication if you send it with your child and write the medication in the space below.

*Prescribed medications must be brought to the camp nurse with the original pharmacy labels.

Pain Relief: Tylenol, Ibuprofen

Upset Stomach: Calcium Carbonate

Contact Dermatitis (ex. Poison Ivy): Calamine lotion, Cortaid

Hibiclens Cleanser

Benzalkonium Wipes

Bacitracin

1% Hydrocortisone Cream

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

1. I give permission for my child to participate in the activities associated with Camp Cuheca.
2. I give permission to Camp Cuheca to administer first aid deemed necessary by registered camp nurse or emergency personnel. Parents will be notified immediately.
3. I give permission for the medications listed to be administered as indicated above.

Medical Insurance: *If your child is taken to the L&M Hospital, you will be notified and expected to meet your child there. I understand that my private medical insurance is responsible for all hospital bills.*

Parent/Guardian Signature _____ Date _____

**TO BE COMPLETED BY THE PHYSICIAN
PHYSICAL AND IMMUNIZATION RECORD REQUIRED
EVERY THREE YEARS**

Individual's Name _____ Date of Exam _____
 _____ May participate in all camp activities
 _____ May participate except for: _____

HEALTH HISTORY (check if it applies)

_____ AIDS/ARC _____ Diabetes _____ Asthma _____ Epilepsy
 Other: _____

ALLERGIES (check if it applies)

_____ Seasonal _____ Insect Stings/Bites _____ Drugs (specify) _____
 _____ Plants (Poison Ivy, etc.) _____ Foods (specify) _____

Check (if yes, please give details)

_____ Yes _____ No On a special diet?
 _____ Yes _____ No Presently taking medication?

Please list medications: _____

This camper/staff is up to date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National advisory Committee on Immunization Practices:

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chicken Pox			Pneumococcal Conjugate		
Tetanus			Polio		

Print name of medical care provider: _____ Phone: _____
 Medical care provider's address: _____

Signature of Physician, PA, APRN

Date

CAMP NURSE REVIEWED: _____

 RN NAME

 DATE

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ___/___/___ Today's Date ___/___/___

Address of Child/Student _____ Town _____

Medication Name/Generic Name of Drug _____ Controlled Drug? YES NO

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration _____

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, frequency _____

Medication shall be administered: Start Date: ___/___/___ End Date: ___/___/___

Relevant Side Effects of Medication _____ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs _____

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date ___/___/___

School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ___/___/___

Parent /Guardian's Address _____ Town _____ State _____

Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: YES NO _____
Signature Date

Parent/Guardian authorization for self-administration: YES NO _____
Signature Date

School nurse, if applicable, approval for self-administration: YES NO _____
Signature Date

Today's Date _____ Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)



PHOTO RELEASE FORM

I hereby grant Waterford Country School Inc. unrestricted permission to any pictures Waterford Country School has taken of my child or in which my child may be included with others (photo, video, etc) to reuse, publish and republish the same in whole or in part, individually or in conjunction with other photographs, printed matter and all media now or hereafter, including web pages and social media. I give permission for them to use my child's likeness for advertising, art, illustration and promotion.

I hereby waive any right that I may have to inspect or approve the finished products or the advertising copy or printed matter that may be used. WCS shall have the right to edit the materials at its discretion, to incorporate any part of my child's likeness in the materials to use, duplicate, exhibit, broadcast and distribute the materials to license to others to do so in all media now known and hereafter devised.

I hereby release and discharge WCS Inc. from any and all liability in connection with the use of the photographs, video, audio visual media as aforesaid or by virtue of any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication thereof.

I understand that the photographs, video and multimedia taken by WCS Inc. will be included in a stock library. I agree that the photographs, video or multimedia and the rights to the copyright of the same, shall be the sole property of WCS, Inc. with full right of lawful disposition in any manner.

I hereby grant permission to Waterford Country School, Inc. to photograph my child during activities to use the photographs, video footage and audio-visual and printed materials without compensation or approval rights.

Printed Name of Minor: _____

Signature of Parent/Guardian: _____

Date: _____

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control



ATENCIÓN

CONMOCIÓN CEREBRAL EN EL DEPORTE JUVENIL

¿QUÉ ES LA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

Signos que notan los padres y los tutores

Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:

- Luce aturdido o fuera de control
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o una caída
- No puede recordar lo ocurrido después de un lanzamiento o una caída

Síntomas que reporta el atleta

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturdido o grogui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

- Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.
- Haga que su hijo use el equipo protector adecuado según la actividad que realiza. El equipo de protección debe ajustarse bien, debe hacerse el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.

¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

- 1. Busque atención médica de inmediato.** Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
- 2. No permita que su hijo siga jugando.** Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido—mientras el cerebro está en proceso de curación—corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
- 3. Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente.** Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

Es preferible perderse un juego que toda la temporada.

Para obtener más información, visite www.cdc.gov/ConcussionInYouthSports.