

CHENANGO COUNTY SHERIFF'S CAMP

PARENT INFORMATION

www.chenangosheriff.us

PARENTS: Please keep pages 1 & 2 (Parent Information) of this packet. Pages 3, 4, & 5 (Sheriff's Camp Consent Form) need to be **completed in full** and returned to the Chenango County Sheriff's Office no later than the Friday of the week before your child is to attend camp.

PROGRAM - The Camp program runs Monday morning through Thursday afternoon and is for youths ages 9 years to 12 years. The bus leaves from the Sheriff's Office 279 Co Rt 46, Norwich (Road across from WalMart, past Lowe's, ½ mile up hill, facility on left) You must have your child/children at the Sheriff's Office by **8:00 am** on Monday for check in and they must be picked up by **5:00 pm** on Thursday from the Sheriff's Office.

OPERATION SAFE CHILD - www.criminaljustice.state.ny.us If you complete the top half of the attached form this program provides you with a safe child card containing your child's statistical information, fingerprint and photo. If you completed the entire form all the child's information will be filed in a database with DCJS making the information available statewide if an Amber Alert should ever become necessary.

THE CAMP - YMCA Camp Thompson is located on Rourke Rd off of Chenango County Route 16 in the Town of Smyrna. The Camp telephone number is **607-334-7568**.

CAMP STAFF - There will be a certified camp director appointed by the Sheriff. Sheriff Cutting and/or his staff will be available on the premises including medical personnel.

WHAT TO BRING TO CAMP - All campers should bring the following items:

Sleeping bag and/or 2 blankets with sheets	Heavy jacket/sweat shirt
Pillow	Sneakers (at least one pair)
Bug Repellent & Sun Screen	Long pants (jeans, sweats, winds)
T-shirts and shorts	Towels
Swimsuit	Shampoo
Underwear	Bar of soap
Socks	Comb/Brush
Toothbrush/Toothpaste	Sun Glasses
Rain coat/poncho	Flash light
Hat & baseball glove (optional)	

**ALL OF YOUR CHILD'S PROPERTY SHOULD BE LABELED WITH THEIR NAMES
DO NOT SEND MONEY, CELL PHONES OR PAGERS TO CAMP WITH YOUR CHILD.**

POLICIES AND PROCEDURES

INJURY OR ILLNESS AT CAMP - If your child is seriously injured or becomes ill, our staff will attempt to contact a parent or guardian. If unavailable, the Sheriff's Office will contact the people you list on the following emergency information form. If we cannot contact you or the people you list, we may call an ambulance or paramedic, or have our Road Patrol attempt to contact you at your home.

Keep this page

MEDICATION - If your child needs to take medication while at camp, Medication should be brought to check-in by the parent or guardian directly to the staff with written instructions specifying the quantity and times to be administered. The name and phone number of your doctor, and any other instructions must accompany the medication. Written clearance must be given to the Camp Staff (camp medical staff) to administer any medication. This includes all over-the-counter medications (Tylenol, aspirin, pain or cold or allergy medications etc.) as well as prescription medications. **The campers/children are not to have any medication in their possession**, for the safety of all the children attending.

PICK UP / DROP OFF POLICY - Only those authorized on your child's information form may pick up your child/children. The camp staff will not release your child into anyone else's care. **Children must be picked up by 5:00 pm on Thursday.**

DISCIPLINE POLICY - Camp Staff will implement our progressive discipline policy when behavior expectations are not met. Listed below are the steps utilized.

1. Verbal warning is given.
2. The child is given time to refocus and redirect
3. If behavior continues, the child will be dismissed from the program.

HEALTH FORMS - Upon registration, you must complete a Sheriff's Camp Consent Form. Children will not be allowed to attend camp until these forms are completed, which includes a immunization history form. Completion and submission of the application by parent is giving permission for their child to carry and use insect repellent and/or sunscreen. These items can be brought in by the camper or may be provided and applied by camp personnel.

PERSONAL PROPERTY RESPONSIBILITIES - It is understood that as the Parent(s) and/or Guardian(s), I am responsible for any lost or misplaced personal property my child brings to camp. ***UNCLAIMED ITEMS LEFT BEHIND AT THE CAMP WILL BE DONATED TO CHARITY ONE MONTH AFTER THE LAST DAY OF CAMP.***

CAMP DATES:
07/09/18 through 07/12/18
07/16/18 through 07/19/18
07/23/18 through 07/26/18
07/30/18 through 08/02/18

SCHOOL DISTRICTS
Norwich, Oxford
Sherburne-Earlville, Unadilla Valley
Greene, Afton, Bainbridge-Guilford
Gilbertsville-Mt. Upton & Otselic

**IF THERE ARE ANY QUESTIONS ABOUT THE CAMP
PLEASE CONTACT
THE CIVIL DIVISION AT (607) 334-5175 Monday thru Friday, 8:30am to 5pm**

THE CAMP IS FREE TO CHENANGO COUNTY CHILDREN. WE HAVE RAISED THE MONEY THROUGH DONATIONS FROM CHENANGO COUNTY BUSINESSES, INDIVIDUALS, AND ORGANIZATIONS. UNLESS YOU ARE CONTACTED OTHERWISE YOUR CHILD WILL BE ACCEPTED TO CAMP WHEN YOU SUBMIT THE APPLICATION

Mail Application to: Chenango County Sheriff's Office, 279 Co Rt 46, Norwich, NY 13815

Keep this page

CHILD'S DOCTOR _____

PHONE: (_____) _____ - _____

HEALTH INSURANCE INFORMATION

NAME OF INSURANCE COMPANY _____

INSURANCE IDENTIFICATION NUMBER _____

DOES YOUR CHILD HAVE ANY DISABILITIES OR MEDICAL PROBLEMS WE SHOULD BE AWARE OF? _____

IF YES EXPLAIN: _____

DOES YOUR CHILD HAVE ANY ALLERGIES TO FOOD? _____

PARENTS AUTHORIZATION

IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE SHERIFF'S OFFICE TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO GIVE INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD NAMED ABOVE.

I have read and understand the information regarding the Sheriff's Summer Camp Program.

SIGNATURE _____ DATE ____ / ____ / 18

Parent/Guardian Name _____

(please print legibly)

Child's Name _____

Date: ____ / ____ / 18

If you are not able to pick your child after camp from the Sheriff's Office, please complete the section below:

I, _____, authorize _____

to pick up my child _____ from Sheriff's Summer Camp on
____ / ____ / 18 .

Complete & Return this page

IMMUNIZATION HISTORY (COPIES OF SHOT RECORD ACCEPTABLE)

Child's Name: _____

Birth date: ____/____/____

Parent/Guardian Name: _____

ALLERGIES: _____

Physician: _____

Diphtheria Tetanus Pertussis	TYPE OF VACCINE	DATE GIVEN		NAME/TITLE OF PERSON/CLINIC ADMINISTERING VACCINE
		MO	DAY/YR	
Type: DTP DtaP DTP/Hib DT-Pediatric Td-Adult		1		
		2		
		3		
		4		
		5		
Polio		1		
		2		
	Type: OPV	3		
	IPV	4		
	EIPV			
Measles, Mumps, Rubella		1		
		2		
Haemophilus Influenzae b Type: Hib DTP/Hib Hib/HBV		1		
		2		
		3		
Hepatitis B Type: HBV Hep B		1		
		2		
		3		
Varicella Type: Varivax Chicken Pox		1		
		2		
Other				
Lead Screen		1		
		2		

PHARMACY _____

COMMENTS _____

Reminder: Make sure
parents have an
updated record

Complete & Return this page



Operation SAFE CHILD

Please Print All Information

CHILD'S NAME: _____			
First	Middle Initial	Last	
DATE OF BIRTH: ____ / ____ / ____			GENDER: (Circle One) Male Female
MM	DD	YYYY	
RACE: (Circle One) White Black Hispanic Asian American Indian Bi-Racial Other			
BIRTH CITY/STATE: _____ / _____			
EYE COLOR: _____		HAIR COLOR: _____	
HEIGHT: ____ Ft. ____ In.		WEIGHT: _____ lbs.	
MOTHER'S FIRST NAME/MAIDEN NAME: _____ / _____			
OTHER INFORMATION: (Piercings, Scars, Marks, Tattoos, Medical Conditions, Medications, Dental Appliances, Corrective Lenses)			

IMPORTANT INFORMATION

Operation SAFE CHILD cards should be carried by a parent or guardian. In the unlikely event that your child disappears, the card should be provided to the investigating police agency immediately. This will expedite dissemination of missing child information to police agencies and the public.

AUTHORIZATION

I request that an Operation SAFE CHILD card be produced for the above-named child.

Name (Printed)	Name (Signature)	Relationship to Child	Date

FOR PARENTS OR LEGAL GUARDIANS ONLY

Parents and guardians have the option of allowing the photograph, biographical information and fingerprints, to be stored at the NYS Division of Criminal Justice Services. If this option is chosen, all information will be deleted when a child reaches 18 years of age. If this option is not chosen, all information will be deleted after producing the child ID card.

As the parent or legal guardian of the child noted above, I **authorize** **do not authorize** (Circle One)

DCJS to store his/her photograph and biographical information and fingerprints. I understand that this information can be used, without additional authorization, to locate my child if he/she is reported missing to a police agency.

Parent/Legal Guardian Name (Printed)	Parent/Legal Guardian (Signature)	Date