

# Windham-Tolland 4-H Camp

RESIDENT & DAY CAMP

326 Taft Pond Road  
Pomfret Center, CT 06259

Nonprofit Organization  
Presorted Standard  
U.S. Postage Paid  
Permit No. 15  
Pomfret Center, CT 06259

TO:

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# 2011 Windham-Tolland 4-H Camp

Camp Registrar - (860) 974-3379

Camp Fax - (860) 974-3327

Camp Nurse - (860) 974-1889 SEASONAL

Web Site - [www.4hcampct.org](http://www.4hcampct.org)

E-Mail- [windham4h@earthlink.net](mailto:windham4h@earthlink.net)

**Windham-Tolland 4-H Camp  
326 Taft Pond Road  
Pomfret Center, CT 06259**

**OPEN HOUSE**

**Saturday, April 16, 2011 and Sunday, April 17, 2011  
Saturday, June 4, 2011 and Sunday, June 5, 2011  
From 2:00 to 4:00 PM Each Day**

**Camp is in session June 26<sup>th</sup> - August 12<sup>th</sup>, 2011  
(Registrations are accepted from February thru August 8<sup>th</sup>, 2011)**

**Accredited Camp – American Camp Association**

**When children attend the Windham-Tolland 4-H Camp, they benefit from the 4-H community of young people across America who are learning leadership, citizenship and life skills. The 4-H Camp program is designed for youth ages 6 – 15.**

**Learn more about the international organization.  
Check out this website, [4-H.org](http://4-H.org).**

**Campers need not be 4-H Members**

## **WELCOME TO SUMMER 2011**

The Windham-Tolland 4-H Camp has been serving area children and families since 1954. Located in Pomfret Center, CT, the camp's 270 acres contain woodlands, cabins, recreational areas, and scenic ponds. Our goal is to use cooperative activities to promote each camper's social and emotional development. Our caring, camper-centered staff is committed to providing safe, educational and fun experiences for every child. We are licensed by the State of Connecticut and are fully accredited by the American Camp Association.

### **OUR CAMP DIRECTOR**



Andrew Folsom, Heather Logee, J Logee

**Camp Director, Heather Logee,** returns to our camp with 19 years of experience starting as a camper, counselor and now as Camp Director for a fifth year. Heather has her Bachelor of Science Degree from Ferrum College, Ferrum, VA where she studied camp management and horticulture and was the recipient of the Arthur S. Owens Leadership Award.

A certified ropes instructor as well as certified in CPR and First Aid, Heather continues her professional development through yearly ACA workshops and conferences. She is involved year-round in 4-H Camp program and training.

Heather's goal for the 2011 camp season is to insure a memorable, fun, and safe camp experience for every child. Heather is looking forward to the campers having a terrific summer.

### ***NOW IT'S TIME TO HAVE LOTS OF FUN!***

Andrew Folsom and J Logee return to the administrative team for the summer of 2011.

Our staff will include 40 college-age women and men with several international staff adding cultural enrichment. Our camper to staff ratio is 7 to 1. During the summer of 2010, over 950 campers enjoyed our camp. Our staff receives an intense 1½ weeks of training from national, state, and local experts in child education and safety. CT state license and ACA Accreditation guarantee that our staff is certified to instruct in their program areas and is highly qualified to work with children.

### ***REGISTER EARLY!***

### **CAMP CLUB DOLLARS**

**Ask our Camp Registrar  
(860) 974-3379  
about our unique "Camp  
Layaway" Plan.**

### **HEALTH AND SAFETY**

- The Windham-Tolland 4-H Camp is licensed by the Connecticut State Department of Health and fully accredited by the American Camp Association.
- 24-Hour Medical Staff.
- Parents are notified promptly of a child's illness or injury.
- Parents must pay for medical services needed by their camper.
- Emergencies are handled by Day Kimball Hospital, 320 Pomfret Street, Putnam, CT 06260.

### **HEALTH CERTIFICATE STATE LAW**

- Each camper **must** have a physical examination within two years of the camp session. A copy of that physical **must** be forwarded to camp **each year**.
- A copy of a school health form and immunization history with an attending physician's signature is also acceptable.
- **Form E is required for prescribed medications and must be signed by both a physician and parent/guardian.**

### **BUNKING POLICY**

- At Windham-Tolland 4-H Camp your child will have the best camping experience bunking with 7 new friends. For this reason, we strongly prefer them to bunk with new friends. However, if you feel it necessary for him or her to bunk with a friend **of the same age**, please list **only one friend's name and age**. Both friends must request each other. Priority given to those who request early.

### **DAILY SCHEDULE**

#### **Monday – Thursday**

7:00 AM	Wake up
7:30 AM	Flag Raising
7:45 AM	Breakfast
<b>8:00 AM</b>	<b>Day Camp Check-in</b>
8:15 AM	Cabin Clean Up
8:45 AM	1 <sup>st</sup> Activity
9:45 AM	2 <sup>nd</sup> Activity
10:45 AM	3 <sup>rd</sup> Activity
11:45 AM	Free Time/Free Swim
12:30 PM	Lunch
1:30 PM	Rest Hour
2:30 PM	4 <sup>th</sup> Activity
3:30 PM	Snack
4:00 PM	5 <sup>th</sup> Activity
<b>5:00 PM</b>	<b>Day Camp Check-out</b>
5:00 PM	Cabin Activity Time
6:00 PM	Dinner
6:45 PM	Flag Lowering/Time for Thought
7:30 PM	All Camp Evening Program
8:45 PM	Snack
9:00 PM	Evening Cabin Time
9:45 PM	Lights Out - Taps

### **FRIDAY'S SCHEDULE**

<b>5:00 PM</b>	Buffet supper; cleanup camp; flag lowering; "Time for Thought"
<b>6:30 PM</b>	Closing ceremony

**STARTING AGE FOR DAY CAMP –  
AGE 6 at first day of camp session.**

**Look for "Budget Friendly Rates"  
for weeks 1, 2 and 6.**

### **NEW THIS YEAR**

**400 FT ZIP LINE  
GOAT CAMP  
TEEN CAMP  
WOOD FIBER CRAFT**

### **RESIDENTIAL CAMP**

- Boys and girls ages 9 to 15.
- Weekly starting Sunday, June 26<sup>th</sup>, 2011 through Friday, August 12<sup>th</sup>, 2011.
- There are 5 activity periods per day. Campers choose their activities for the week on Sunday (after parents leave).
- **ACTIVITIES (see pgs. 4-5)** will each be 1-hour in length except horse riding will include 1-hour of riding and 1-hour of barn basics.

### **DAY CAMP**

- Day campers are ages 6 to 15.
- These campers will enjoy the same fun-filled weekly 8:00 AM – 5:00 PM schedule as resident campers.
- **The 6, 7 and 8 year old day camp clovers will be integrated with overnight clovers which already has a set schedule of activities.**
- All camp facilities and day programs are available to day campers. This includes lunches, snack, Friday evening dinner & closing ceremonies starting at 6:30 PM.
- **All day campers must arrive on Sunday of their camp session between 2:30 PM and 3:45 PM for swim tests. Please bring swim wear and towel. Campers age 9 thru 15 will register for activities at this time.**

### **CLOVER CAMP**

- Boys and girls ages 7 to 8 (at first day of camp session).
- With their own counselor, clovers will be able to sample regular camp activities as well as supper, evening program, and one or two overnights.
- These overnight sessions offer an exciting introductory

residential 4-H Camp experience for the younger camper.

### **EXPERIENCED CLOVER PROGRAM** (CLOVER CAMP E & F) *Back by Popular Demand!*

- Boys and girls, ages 7 to 8, who have previously attended a Clover Program, are eligible.
- July 24-July 29, 2011 - \$400 Fee
- July 31-August 5, 2011 - \$390 Fee

### **TEEN LEADERSHIP PROGRAM**

- Open to teens who have completed the 9<sup>th</sup>, 10<sup>th</sup>, or 11<sup>th</sup> grades.
- Teen leaders must attend training offered week #1 (6/26/11—7/1/11)
- **SEE TL RESPONSIBILITIES (pg. 13)**
- **FOR APPLICATION AND INFORMATION, VISIT THE WEBSITE: [www.4hcampct.org](http://www.4hcampct.org)**  
*Or contact the Camp Registrar [windham4h@earthlink.net](mailto:windham4h@earthlink.net)*  
**Call (860) 974-3379**

### **DETAILS** **ARRIVAL & DEPARTURE** **TRANSPORTATION**

- Campers' parents or guardians are responsible for their transportation to and from camp. Plan to arrive on **Sunday of the camp session, between 2:30 and 3:45 PM.** Details will be sent in a confirmation letter.
- Day Campers **must** arrive on **Sunday of the camp session, between 2:30 PM and 3:45 PM,** for activity registration and swim tests. Monday morning, (arriving between 8:00 – 8:30 A.M.) day campers will then be “up and running”.
- Family and friends are invited to attend the closing ceremony each Friday at 6:30 PM followed by dismissal around 7:00 PM.

## **FUN-FILLED THEME WEEKS & ACTIVITIES**

Campers will receive additional information on their theme week with their confirmation letter upon our receipt of an application and deposit.

**Week 1 - Blast From The Past**  
**Week 2 - Capture The Flag**  
**Week 3 - Animal Friends Week**  
**Week 4 - International Week**

**Week 5 – Outer Space Week**  
**Week 6 - Crazy Camp Week**  
**Week 7 - Carnival Week**

This year all residential and day campers will select 5 one-hour activities for the week – except horse activity campers who will select 3 others in addition to their two-hour horse activity. Clover campers will sample selected activities. The following activities are available each week/session at no additional cost. All equipment will be provided but campers are free to bring their own equipment (cameras, fishing poles, etc., properly labeled) if they prefer.

### ***ARCHERY***

Available to all campers, **ages 10 to 15**, campers are instructed by a certified archery instructor. Improve your archery skills and learn fun target games you can play.

### ***ARTS and CRAFTS***

During arts and crafts activities, young artists will learn to sharpen their 2-Dimension and 3-Dimension skills in a variety of media. Our goal is to have each camper bring home product(s) they are proud of.

### ***CANOE***

Campers must be Red Cross certified level 3 swimmers to participate in this activity. Basic canoe and safety skills will be taught by a certified instructor.

### ***DANCE***

Campers will learn to dance like the stars. Fun lessons in tango, cha cha, and more classical dance moves..

### ***DRAMA***

With the help of the Drama Instructor, campers will prepare their original plays to be acted out.

### ***EARTH AGENTS (WEEKS 1 & 7 ONLY)***

Stop Dr. Thistle's plans for environmental chaos. Experience hands on activities and earn your Earth Agent badge to stop Dr. Thistle in his muddy tracks.

### ***FISHING***

In our "catch and release" program campers can practice casting and experimenting with different types of bait while fishing in different locations of our large property under the watchful eye of experienced counselors. Campers may bring their own fresh water pole (with your name on it) or one will be provided.

### ***KAYAKING***

Campers must be Red Cross level 3 swimmers to participate in this activity. Basic kayaking and safety skills will be taught by a certified instructor.

### **OUTDOOR EDUCATION**

Campers explore the environment by investigating stream life, wildlife, forestry, plant life, and develop an overall appreciation of our Earth. Science curriculum and materials have been funded by Pfizer, Inc. Learn to build fires, shelters, and camp fire cooking.

### **ROPES/CHALLENGE COURSE**

Low ropes is an interactive, team building activity that is sure to challenge you mentally and physically. Contains multiple elements and a horizontal climbing wall. Are you up to this challenge? Certified staff will instruct.

### **SELF-DEFENSE**

Campers will learn different techniques to better handle themselves in different situations when appropriate.

### **SPORTS and RECREATION**

Campers will select from a variety of activities and learn skills in local and international sports and cooperative games. Camp has a volleyball court, basketball court, playing field, and a four-square court.

### **SWIMMING**

American Red Cross swimming lessons are given to campers who sign up for this activity. Red Cross certificates can be earned.

### **TEEN CAMP (NEW) SEE ENCLOSED INSERT**

### **YOGA (NEW)**

Learn the basics of yoga, with peaceful meditative stretching relaxation poses.

### **ZIP LINE (NEW) SEE ENCLOSED INSERT**

## **SPECIAL ACTIVITIES / EVENTS**

(Additional Fees Charged)

### **GOAT CAMP**

**(\$25 Additional Fee) WEEK 2**

For campers, ages 7-15, we present a 4-H goat program with week-long instruction by Abby Smith of Lebanon, CT on fitting and showmanship, on-site demonstrations, workshops, along with having a fun camping experience! Must bring your own goat, feed, and have all required veterinary certifications for show. Bedding provided.

### **HORSEBACK RIDING**

**(\$140 Additional Fee Per Week)**

Join our experienced horse staff for summer fun at the stables. Campers, ages 9 to 15, will learn to groom and tack a horse, ride in English or Western lessons, play 'gymkhana' games on horseback and even enjoy a trail ride in our beautiful woods! Campers will have a two-hour horse activity class each day with one-hour of horseback riding instruction emphasizing safety and fun. For the second hour campers will learn and participate in barn basics, horse care and equipment. This activity averages out to only \$14/hr as compared to other riding programs. Horseshoeing demonstrations will also be offered.

### **INTRODUCTION TO DRAFT HORSES & DRIVING**

**(\$140 extra fee)**

**WEEK 7**

For campers, **ages 9 – 15** this course will cover basic differences between draft and saddle horses including the key points in a working draft horse, the different motions, basic harnesses and hitching. Everyone will have the chance to drive a single horse and a team. Instructor **Doug Smith** of Canterbury, CT. has 40+ years work horses experience on the farm and in the woods.

### **STAYOVER WEEKEND**

**(\$175 extra fee)**

**JULY 16–17**

This year we will be day tripping on Saturday to **Gillette Castle and the Essex Steam Train**. Available to campers enrolled in both weeks 3 and 4.

### **WOOD FIBER CRAFTS**

**(\$25 extra fee)**

**ALL 7 WEEKS**

Learn to weave a fireside stool or round reed baskets.

## **REGISTRATION PROCESS**

- Please complete, sign, and return the pertinent forms and deposit:
  - **Camp Application & Pertinent Forms – Forms A, B, C, D, F, G**
  - **Teen Leadership Program – Teen Leadership Application & Forms B, C, D, F, G**

### **ADDITIONALLY,**

- **Form E (Administration of Prescribed Medications) must be submitted, completed, and signed by a physician and parent/legal guardian if a camper has prescription medications.**

### **REGISTRATION INFO/FORMS AVAILABLE ON LINE – [www.4hcampct.org](http://www.4hcampct.org)**

**Download forms & send via mail with deposit.**

- **A Medical Evaluation is good for two (2) years.**
- **A copy of a medical evaluation from your child's school, sports activity, Girl Scouts, Boy Scouts or any other youth-oriented organization is acceptable.**
- **Confirmation of your registration will be forwarded to you by the U.S. Postal Service.**

**Any ADA special needs accommodation must be submitted to the Camp Director IN WRITING at least 15 days prior to the start of the camping session for which the camper is registering.**

### **FINANCES**

- Send Deposit of 50% per session for each camper with forms A, B, C, D, E, F, G.
- Balance in full is due as detailed in your acceptance/confirmation letter.
- Teen Leadership Fee - \$50 deposit per week session. Upon acceptance by director, the registrar will bill. Balance in full is due prior to Teen Leadership training and per details in acceptance/confirmation letter.
- For campership information, brochures, or questions, please call the camp registrar at (860) 974-3379 or e-mail at [windham4h@earthlink.net](mailto:windham4h@earthlink.net)
- One week camperships may be granted **only for either week 1 or week 2.**

### **REFUND POLICY**

- Refund of deposit (**except for a \$50 processing fee**) will be given only if cancellation is made **10 days prior to check-in date.**
- **A \$50 processing fee** will be charged for each session change after your registration has been processed.
- No refunds for early dismissal due to homesickness, misconduct or medical reasons.

### **REGISTER EARLY FOR YOUR SPECIAL CHOICE!**

- **All forms are included in this registration packet.**
- **Forms may be photocopied.**
- **Only original signatures are acceptable.**
- **Additional forms may be printed from our website, [4hcampct.org](http://4hcampct.org).**

### **REMINDER**

**Registrations are accepted from February, 2011 until the last week of camp, Monday, August 8<sup>th</sup>, 2011.**

**FORM A – RETURN WITH FORMS B, C, D, E, F, G**

**CAMP APPLICATION - 2011 - WINDHAM-TOLLAND 4-H CAMP**

Camper's Name (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_, Town \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_

Boy \_\_\_\_ Girl \_\_\_\_ Date of Birth (Month, Day, Year) \_\_\_\_\_ Age \_\_\_\_\_ School Grade in Sept., 2011 \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Address (if different from above) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

If parents cannot be reached in case of emergency, please contact: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Please circle your choice below:**

<b>RESIDENT CAMP DAY CAMP</b>			Sun 2:30 PM – 3:45 PM thru Fri 7 PM	(Boys & Girls, Ages 9-15)		
<b>CLOVER CAMP A, C, or E</b>			Mon thru Fri - 8-8:30 AM – 5-5:30 PM	(Boys & Girls, Ages 6-15)		
<b>CLOVER CAMP B, D, F, or H</b>			Mon 8 AM thru Tues 5 PM	(All Clover Boys & Girls, Ages 7-8)		
<b>EXPERIENCED CLOVER CAMP I &amp; J</b>			Wed 8 AM thru Fri 7 PM	(All Clover Boys & Girls, Ages 7-8)		
			Same Schedule As Resident Camp	(All Clover Boys & Girls, Ages 7-8)		
<b>RESIDENT CAMP</b> June 26-Jul 1 (WK 1) <i>Blast From The Past Wk</i>	<b>RES</b> General <u>\$390</u>	<b>DAY</b> General \$200	<b>CLOVER A</b> 6/27 - 6/28 Mon - Tues \$140	<b>CLOVER B</b> 6/29 - 7/1 Wed - Fri \$195	<b>WOOD FIBER CRAFTS</b> <b>NEW</b> \$25	<b>(9+ Yrs Old)</b> Riding + \$140
<b>RESIDENT CAMP</b> July 3-July 8 (WK 2) <i>Capture The Flag Wk</i>	<b>RES</b> General <u>\$390</u>	<b>DAY</b> General \$200	<b>CLOVER C</b> 7/4 - 7/5 Mon - Tues \$140	<b>CLOVER D</b> 7/6 - 7/8 Wed - Fri \$195	<b>GOAT CAMP</b> <b>NEW</b> \$25	<b>WOOD FIBER CRAFTS</b> <b>NEW</b> \$25
<b>RESIDENT CAMP</b> July 10-July 15 (WK 3) <i>Animal Friends Wk</i>	<b>RES</b> General \$400	<b>DAY</b> General \$205	<b>CLOVER E</b> 7/11 - 7/12 Mon - Tues \$145	<b>CLOVER F</b> 7/13 - 7/15 Wed - Fri \$200	<b>WOOD FIBER CRAFTS</b> <b>NEW</b> \$25	Riding + \$140
<b>July 16-July 17 (RESIDENT CAMP ONLY)</b>	<b>Stayover Weekend - Available to campers enrolled for both weeks 3 and 4 + Fee: \$175 (Includes a FUN TRIP to "Gillette Castle" &amp; weekend Laundry Service)</b>					
<b>RESIDENT CAMP</b> July 17-July 22 (WK 4) <i>International Wk</i>	<b>RES</b> General \$400	<b>DAY</b> General \$205	<b>CLOVER G</b> 7/18 - 7/19 Mon - Tues \$145	<b>CLOVER H</b> 7/20 - 7/22 Wed - Fri \$200	<b>WOOD FIBER CRAFTS</b> <b>NEW</b> \$25	Riding + \$140
<b>RESIDENT CAMP</b> July 24-July 29 (WK 5) <i>Outer Space Wk</i>	<b>RES</b> General \$400	<b>DAY</b> General \$205	<b>Experienced Clovers I</b> \$400		<b>WOOD FIBER CRAFTS</b> <b>NEW</b> \$25	Riding + \$140
<b>RESIDENT CAMP</b> July 31-August 5 (WK 6) <i>Crazy Camp Wk</i>	<b>RES</b> General <u>\$390</u>	<b>DAY</b> General \$200	<b>Experienced Clovers J</b> <u>\$390</u>		<b>WOOD FIBER CRAFTS</b> <b>NEW</b> \$25	Riding + \$140
<b>RESIDENT CAMP</b> August 7-August 12 (WK 7) <i>Carnival Wk</i>	<b>RES</b> General \$400	<b>DAY</b> General \$205	<b>Intro to Draft Horses &amp; Driving</b> +\$140		<b>WOOD FIBER CRAFTS</b> <b>NEW</b> \$25	Riding + \$140

**A CONFIRMATION LETTER TO EACH CAMPER WILL BE MAILED AFTER YOUR REGISTRATION IS PROCESSED.**

I understand that a refund of my deposit (except for a \$50 processing fee) will be given only if my cancellation is made 10 days prior to check-in date and also that a \$50 processing fee will be charged for each/any session change. I also understand there are **NO REFUNDS FOR EARLY DISMISSAL DUE TO HOMESICKNESS, MISCONDUCT OR MEDICAL REASONS.**

**PAYMENT METHOD: A 50% deposit for each camper per week per session is required.**

- Check/ money order enclosed payable to: Windham-Tolland 4-H Camp. Amount: \$ \_\_\_\_\_
- VISA/Discover/MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- I authorize the balance to be charged to my credit card on May 31<sup>st</sup>, 2011. (Please check if desired.)

I wish to bunk with (MAXIMUM OF ONE CAMPER ONLY) \_\_\_\_\_, age \_\_\_\_\_ (MUST BE SAME AGE). Both friends must request each other on their applications. Applications with more than one person requested for bunking will not be accepted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Cardholder Signature/Parent/Guardian

\_\_\_\_\_  
Date



**FORM C - RETURN WITH FORMS A, B, D, E, F, G**

**ATTENTION**

**PARENTS/LEGAL GUARDIANS**

Did you know that if your child has an accident or illness in your absence - except in the case of injuries which threaten life or limb - patients under the age of 18 years old must have a parent or legal guardian sign a consent form before treatment can be given in a hospital emergency room?

You can save time and the concern of the person to whom you entrust the care of your child should this be necessary during your absence. It is important to include any allergy, illness history and medications that your child is taking as well as the name of the child's physician and last tetanus immunization. The Emergency Department staff at Day Kimball Hospital has devised a consent form for you to use. Just complete the form below and leave it with your Camp. Additional forms are available in the Emergency Department.

**DAY KIMBALL HOSPITAL  
Emergency Department  
PATIENT CONSENT FORM**

**Camper's Full Name** (patient) \_\_\_\_\_ Age \_\_\_\_\_  
Address (home) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Telephone Number (home) \_\_\_\_\_  
Telephone Number (vacation) \_\_\_\_\_  
Name (parent/guardian) \_\_\_\_\_  
Employer (parent/guardian) \_\_\_\_\_  
Health Insurance # \_\_\_\_\_ Health Ins. Carrier \_\_\_\_\_  
Guarantor (person carrying insurance) \_\_\_\_\_  
**If possible, please attach copy of insurance card.**  
Family Medical Doctor \_\_\_\_\_  
Address of Family Medical Doctor \_\_\_\_\_  
Phone # of Family Medical Doctor \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Allergies To Medications \_\_\_\_\_  
Pertinent Medical History \_\_\_\_\_  
Last Tetanus Immunization \_\_\_\_\_

In the event your efforts to reach me are unsuccessful, I, parent or legal guardian, consent to Emergency evaluation, treatment and/or admission to Day Kimball Hospital as determined by the physician in charge of the care of the above named person.

**Expires: 08/12/11**

Dated \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent or Guardian)



FORM E – RETURN WITH FORMS A, B, C, D, F, G

**THIS FORM REQUIRES PHYSICIAN'S SIGNATURE**  
**AND PARENT/GUARDIAN'S SIGNATURE**  
**FOR PRESCRIBED MEDICATIONS**

Camper's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY YOUTH CAMP PERSONNEL**

If a Youth Camp chooses to administer medications, the Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a nurse, first aide, the director, alternate director or youth camp counselor to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician's or dentist's name and date of the original prescription.

**MEDICATIONS CURRENTLY BEING TAKEN** (Meds brought to camp must be in their original labeled pharmacy container.)

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #4 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

**ATTACH ADDITIONAL PAGES FOR MORE MEDICATIONS.**

Identify any medications taken during the school year that participant does/may not take during the summer:

\_\_\_\_\_

**AUTHORIZATION FOR LICENSED MEDICAL PERSONNEL (PHYSICIAN OR DENTIST)**

The person named herein may be administered the medications indicated above. In the event the camp nurse is unavailable, camper/staff member (check one) \_\_\_\_\_ may \_\_\_\_\_ may not self-administer this medication under the supervision of camp first aide personnel.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Physician or Dentist Signature  
Printed \_\_\_\_\_ License # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR PARENT/GUARDIAN**

I hereby authorize the camp nurse to administer the medications indicated above as ordered by my physician and the camp physician. In the event the camp nurse is unavailable, camper/staff member (check one) \_\_\_\_\_ may \_\_\_\_\_ may not self-administer this medication under the supervision of camp first aid personnel.

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

- Camper
- Staff

**FORM F – RETURN WITH FORMS A, B, C, D, E**

**MEDICAL EVALUATION**

**MEDICAL PRACTITIONER MUST COMPLETE AND SIGN**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Guardian \_\_\_\_\_ Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Date of Exam \_\_\_\_\_

\_\_\_\_\_ May participate in all camp activities.  
 \_\_\_\_\_ May participate except for: \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

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 Immunizations Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus			TB Test		Result:

Comments: \_\_\_\_\_

**Health History: (Check any that apply)**

\_\_\_\_\_ Epilepsy or seizures      \_\_\_\_\_ Frequent ear infections      \_\_\_\_\_ Menstrual problems      \_\_\_\_\_ Asthma  
 \_\_\_\_\_ Frequent sore throats      \_\_\_\_\_ Headaches      \_\_\_\_\_ Bed wetting      \_\_\_\_\_ Heart Disease  
 \_\_\_\_\_ Back pain or strain      \_\_\_\_\_ Alcohol/drug addiction      \_\_\_\_\_ Diabetes      \_\_\_\_\_ Eye Glasses  
 \_\_\_\_\_ Heart Disease      OTHER: \_\_\_\_\_

Pertinent past medical treatment: \_\_\_\_\_

<u>ALLERGIES</u>	Describe reaction and management of reaction
<b>Medication Allergies</b>	
_____	_____
_____	_____

<b>Food Allergies</b>	
_____	_____
_____	_____

Other Allergies (include insect stings, hay fever, asthma, animal dander, etc.)  
 \_\_\_\_\_

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

\_\_\_\_\_, M.D.  
 Examining Physician

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Windham-Tolland 4-H Camp, 326 Taft Pond Road, Pomfret Center, CT 06259

**FORM G – OVER-THE-COUNTER MEDICATIONS**  
Return with Forms A, B, C, D, F

**THIS FORM REQUIRES PARENT/GUARDIAN'S SIGNATURE**  
**TO AUTHORIZE THE ADMINISTRATION**  
**OF ANY OVER-THE-COUNTER MEDICATIONS**

Camper's Name: Last \_\_\_\_\_ First \_\_\_\_\_

**I DO WISH OVER-THE-COUNTER MEDICATIONS TO BE GIVEN TO MY CHILD.**

I understand the Health Care Provider will administer the following over-the-counter medication or the generic version, if necessary, according to directions on the bottles unless a physician directs otherwise. The Camp provides over-the-counter medications.

**Sympton:**

- Athletes Feet
- Skin irritations
- Minor aches/pain/fever
- Minor cough/sore throat
- Minor Allergic Reactions/Allergies
- Poison Ivy/Rashes
- Bug Bites
  
- Indigestion/Heartburn
- Constipation
- Clogged Ears
- Open Areas/Cuts

**Over-The-Counter Medication:**

- Desenex
- Gold Bond Powder
- Tylenol/Advil/Ibuprofen
- Cough Drops/Chloraseptic Throat Spray
- Benadryl
- Calagel Lotion/Calamine Lotion
- Benzocaine Swabs/Dermoplast
- Hydrocortisone Cream/Benadryl Cream
- Antacid/Pepto Bismo/Tums
- Milk of Magnesia
- Auro-Dry
- Bacitracin

If any medication is not listed above, you must obtain a doctor's signature in order for the Camp Nurse to give said medication to your camper.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Legal Guardian

Print Parent or Legal Guardian's Name \_\_\_\_\_

Parent's Home Telephone # or Cell Phone # \_\_\_\_\_

=====

I DO NOT WISH ANY MEDICATIONS TO BE GIVEN TO MY CHILD, \_\_\_\_\_  
Camper's Full Name

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian \_\_\_\_\_

Parent's Home Telephone # or Cell Phone # \_\_\_\_\_

## **Deals & Discounts\*\*\*:**

**1. Early Bird Special** — Receive \$10 off per week per camper if registered and paid in full by Monday, April 18th, 2011. Office closes at 6:00 PM on April 18th, 2011.

**2. Recruitment Incentive — REFER A FRIEND — GET REWARDED**  
Returning campers may recruit new families to attend Windham-Tolland 4-H Camp. For every new family that attends with your referral, you will receive a \$10 credit for the 2012 summer camp season. This offer is good only from February 15th thru June 15th, 2011. Please have the "new" camper put your name down at the top of "Form A" as referring camper.

**3. Attend all 7 weeks of camp** (Resident/Day/Teen Leader) and you will receive \$75 credit for the 2012 summer camp season.

**\*\*\*Campership recipients do not qualify for "Deals & Discounts".**  
**All deals and discounts are not cash rewards but camp credits.**

### **NEW THIS SUMMER — 400 FT ZIP LINE**

Campers, 11 years or older (at Sunday's registration of the camp session they are attending) and weighing less than 300 lbs, can come enjoy this exciting new adventure high in the sky. The Zip Line spans across "Second Pond" for a beautiful scenic ride. The Zip Line has been professionally installed. All staff supervising have been trained and certified for the Zip Line. Signed waivers are mandatory.

### **ALSO, NEW THIS SUMMER** **TEEN CAMP AUGUST 16 — AUGUST 18, 2011**

Open to teens, ages 13 — 17. There must be a minimum of forty (40) teens to attend this "Teen Camp". If we do not have a minimum of 40 teens, a full refund will be issued. This "Teen Camp" will be limited to 75 teens, therefore, sign up ASAP. You must have attended at least one week of camp between June 26th and August 12th, 2011 to be eligible to attend.

The forms you submit during the 2011 camp season, including physical and medications forms, will be used for this "Teen Camp" and no other forms are necessary.

For any questions, please contact the Camp Registrar at:  
860-974-3379 or [windham4h@earthlink.net](mailto:windham4h@earthlink.net)

## **Teen Leadership Program** Windham-Tolland 4-H Camp

The teen leadership program will focus on leadership development and preparing teens to become leaders in our camp and in their communities.

- Open to teen campers who have completed the 9<sup>th</sup>, 10<sup>th</sup>, or 11<sup>th</sup> grades.
- Teen leaders **must attend training** offered week #1, **June 26<sup>th</sup> thru July 1<sup>st</sup>, 2011.**

Responsible to: The TL Coordinator and supervising senior staff.

### Responsibilities:

1. Assist Senior Staff members in supervising cabin during rest hour, evening program, and meals.
2. Assist Senior Staff during activity periods. Teen leader members may be required to obtain supplies, help campers with activity, and clean area when activity has finished.
3. Participate in leadership training workshops.
4. Participate in overnight campouts with assigned cabin. It is his/her responsibility to walk to overnight sights with supplies, bring supplies to main camp when finished, and clean all supplies for use the following week.
5. Responsible for table setup for breakfast.
6. Required to act in a responsible manner, be a role model for campers, refrain from using profanity, and to notify Senior Staff members or Administration if any inappropriate activity is occurring.

Teen leaders help their assigned cabin counselor with the campers:

1. Accompany the camper to the nurse.
2. Help keep the cabin group together when they are moving about the camp.
3. Help campers get up in the morning.
4. Help campers who need extra attention.
5. Help with homesick campers.
6. May need to escort younger campers to the bathhouse at night.
7. Is still considered a camper.

Sunday responsibilities:

1. Help campers find their cabins.
2. Take cabin groups around to sign up for weekly activities.
3. Help cabin group create a skit for evening program.

During the day responsibilities:

1. May lead their campers in songs before meals.
2. Assist with supervision at meals.

Experienced teen leaders entering the 12<sup>th</sup> grade may qualify by Camp Director appointment to become Counselors-In-Training (CIT). CITs must attend staff training week plus all camp sessions. A "Staff Employment Application" must be submitted to the Camp Director. For further information, contact Heather Logee at [wt4hcampdir@earthlink.net](mailto:wt4hcampdir@earthlink.net).

For TL Application, visit the website: [www.4hcampct.org](http://www.4hcampct.org) or contact the Camp Registrar at (860) 974-3379 or [windham4h@earthlink.net](mailto:windham4h@earthlink.net).

**An Equal Opportunity Employer and Program Provider**

**Windham County 4-H Foundation, Inc.**

**57th Annual 4-H Auction and Tag Sale**

**Featuring a terrific variety of goods and services**

**Friday and Saturday, May 6<sup>th</sup> & May 7<sup>th</sup>, 2011**  
Auction viewing at 5:00 P.M.  
With Sales at 6:00 P.M.

**Tag Sale – Friday and Saturday  
May 6<sup>th</sup> & May 7<sup>th</sup>, 2011**  
12:00 Noon – 6:00 P.M.  
Kitchen open for Lunch Both Days

**PLUS: Bake sale, plant sale, raffles, food booth  
And free admission!  
To be held at our 4-H Camp Lodge  
326 Taft Pond Road, Pomfret Center, CT 06259**

Your tax deductible auction or tag sale donations can be dropped off at the lodge beginning **Saturday, April 16<sup>th</sup>, 2011**. Adult and teen volunteers are welcome to help with sales both days. Call **860-974-1122** and leave a message for Eileen if you can help with our annual fundraiser in any way.

**DIRECTIONS TO CAMP**

Windham-Tolland 4-H Camp is located at 326 Taft Pond Rd, Pomfret Center, CT 06259. Check a Connecticut map for the shortest route to the junction of Routes #97 and #44 in Pomfret **or** visit our website **[www.4hcampct.org](http://www.4hcampct.org)**. Taft Pond Road is the first left on Route #97 North from the junction. Follow the 4-H signs to the camp located approximately 1½ miles on the left on Taft Pond Road.

Cooperative Extension System  
College of Agriculture & Natural Resources  
University of Connecticut

**To file a complaint of discrimination, write: President, Windham County 4-H Foundation, Inc., 326 Taft Pond Road, Pomfret Center, CT 06259 or call (860) 974-3379.**