

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)
Hiking boots/work boots	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)	Bug Repellent & Sun Screen

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.

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:

SCHOOL DISTRICTS

07/05/10 through 07/08/10
07/12/10 through 07/15/10
07/19/10 through 07/22/10
07/26/10 through 07/29/10

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

**IF THERE ARE ANY QUESTIONS ABOUT THE CAMP
PLEASE CONTACT**

THE CIVIL DIVISION AT (607) 334-5175 Monday thru Friday, 8am 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.

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PLEASE PRINT LEGIBLY
SHERIFF'S CAMP CONSENT FORM
Your child is accepted into camp when you submit the
completed application unless you are contacted otherwise.

NAME OF CHILD _____
(Last) (First) (Middle)

GENDER (circle one): Male / Female

<u>CAMP DATES:</u>	<u>SCHOOL DISTRICTS</u>
07/05/10 through 07/08/10	Sherburne-Earlville, Unadilla Valley
07/12/10 through 07/15/10	Greene, Afton, Bainbridge-Guilford
07/19/10 through 07/22/10	Norwich, Oxford
07/26/10 through 07/29/10	Gilbertsville-Mt. Upton & Otselic

By completing this form I agree that photos taken at summer camp may be used by the Sheriff's Office for display on their webpage, bulletin boards, camp advertising, and for any fund-raising efforts.

ADDRESS _____

NICKNAME _____ DATE OF BIRTH: ____ / ____ / ____

PARENTS' NAMES _____

PARENTS ADDRESS (if different) _____

HOME PHONE (____) - _____ CELL PHONE: (____) - _____

NAME: _____ CELL PHONE: (____) - _____

NAME: _____

MOTHER'S WORK & SHIFT _____

PHONE (____) - _____

FATHER'S WORK & SHIFT _____

PHONE (____) - _____

IF NOT AVAILABLE, IN CASE OF EMERGENCY OR ILLNESS, PLEASE CALL:

NAME _____ PHONE (____) - _____

Complete & Return this page

CHILD'S DOCTOR _____

PHONE: (_____) _____ - _____

HEALTH INSURANCE INFORMATION

NAME OF INSURANCE COMPANY _____

INSURANCE IDENTIFICATION NUMBER _____

DOES YOUR CHILD HAVE ANY 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 _____ / _____ / 10

Parent/Guardian Name _____

(please print legibly)

Child's Name _____

Date: _____ / _____ / 10

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

_____ / _____ / 10 .

Complete & Return this page

