

**4-H Camp Owahta Parent Information Sheet**  
**Cornell Cooperative Extension, 60 Central Avenue, Cortland, New York 13045**

**Off Season 607-753-5077**

**Camp 607-836-6230**

(Name of Camper) has the following financial balances for the Registers Session(s) at 4-H Camp Owahta:

Sessions & Special Days	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
	Passport to Fun	Renaissance Day	Owahtawartz	Neverland	Klondike Day	Olympic Week
<b>WAITING LIST</b>						
<b>Day Camp</b>						
<b>Overnight Camp (F)</b>						
<b>Overnight Camp (M)</b>						
<b>Drama Program</b>						
<b>Hunter Safety</b>						
<b>Junior Trips</b>						
<b>Senior Trips</b>						
<b>SUB TOTAL</b>						
<b>Early Discounts</b>						
<b>Family Discounts</b>						
<b>Other Discounts</b>						
<b>DEPOSIT</b>						
<b>Payments</b>						
<b>WEEKLY BALANCE</b>						
<b>TOTAL BALANCE</b>						
Note: That the full amount per session is due TWO WEEKS prior to your child's attendance at camp. Failure to complete a payment could result in the loss of your deposit and the space reserved for your child.						

**Resident Camp Arrival**

Resident Campers are to arrive at Camp Owahta between 1:00 and 3:00 p.m. on Sunday. Registration facilities will not be available before 1:00 p.m. and it is recommended that you do not arrive before that time.

**Day Camp Arrival and Transportation**

Day Campers will be provided transportation on a daily basis from the locations listed below. It is highly recommended that your child wear his/her swimsuit to camp daily. They may change out of their swimsuits after swimming or prior to their departure home.

The following is a schedule of pick-up times and places as well as returning times and places. Please help your camper arrive on time so he/she does not miss the bus. If you are dropping your child off at the day camp building at Camp Owahta, please continue to supervise your child until the day camp bus arrives. The bus typically arrives at 9:00 AM.

<b>Pick-Up</b>	<b>Place</b>	<b>Return</b>
7:55 AM	Old Cortlandville Fire Department, Route 281, (East of the Salvation Army).....	4:55 PM
8:05 AM	Bible Baptist Church, (Corner of Lauder & Rte. 281).....	4:45 PM
8:15 AM	Homer Village Green.....	4:35 PM
8:25 AM	Corner, Hickory Park Road & Kennedy Parkway, (Yaman Park Area).....	4:25 PM
8:35 AM	Cortland County Office Building, Parking Lot - 60 Central Avenue.....	5:05 PM
8:45 AM	United Methodist Church, Main Street, McGraw.....	4:15 PM

## Departures and Friday Night Pickups for Resident and Day Campers

Day Campers are invited to spend Friday Dinner in camp and have their parents pick them up that evening. The Day Camp Director will provide permission slips for day campers to stay Friday Evening each week.

Resident and Day Camp Parents are invited to attend the campfire Friday night. The campfire will start at approximately 6:45 p.m. Parents may pick up their children any time between 6:30 and 7:00 p.m. It is expected that the campfire will be over around 7:15 p.m.

### Regulations for Leaving Camp

1. Each camper must sign out with the camp's office (Located in the Mess Hall) before leaving. Campers can only leave with a parent or legal guardian, unless written permission has been provided to the Camp Director for alternate arrangements.
2. Each camper is responsible for taking home his/her own clothing & equipment, personal property, etc. Please check the lost and found box (Located in the Mess Hall) for any of these items.

### Camp Store

Each Camper will be provided, FREE of CHARGE, a non-refundable \$5.00 coupon book each week. The coupon book is for craft projects, camp souvenirs, and the camp store. Candy purchases are limited each day. Additional monies to purchase larger craft projects, camp apparel at registration or for spending on senior trips is recommended.

In addition, there are a variety of camp souvenirs that are available for sale at registrations. Just to name a few, T-Shirts, Sweatshirts, hats, are some of the items that will be available for sale. Apparel can be viewed and/or preordered at [www.4hcampowahta.com](http://www.4hcampowahta.com)

### Equipment

Items marked "recommended" should accompany your camper or at least suitable substitutes. Items marked optional may be brought at your discretion depending on camper interest. All other equipment will be provided by Camp Owahta

#### Recommended Day Camp Equipment

- Play Clothes and Foot Wear     Rain Gear and a Change of Clothes     Swim Wear and Sun Screen (Wear it to Camp)

#### Recommended Thursday Night Supplies for Day Campers

- Sleeping Bag or Two Blankets & Sheets, Pillow     Flash Light     Soap, Towel, Tooth Brush, Paste, Comb

#### Recommended Resident Camp Equipment

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sleeping Bag or two blankets and sheets  | <input type="checkbox"/> Pillow w/ Case, Gym Bag                                  | <input type="checkbox"/> Rain Coat or poncho, Hat     |
| <input type="checkbox"/> Waterproof Boots, and a Pair of Sneakers | <input type="checkbox"/> Windbreaker and a Warm jacket                            | <input type="checkbox"/> Sweater                      |
| <input type="checkbox"/> Sweatshirt, One Long Sleeve T-shirt      | <input type="checkbox"/> Two Pairs of jeans                                       | <input type="checkbox"/> Six Pair of Underwear/ Socks |
| <input type="checkbox"/> One Pair of Pajamas                      | <input type="checkbox"/> Four T-shirts, Shorts                                    | <input type="checkbox"/> Small Flash Light            |
| <input type="checkbox"/> Non-Aerosol Insect Repellent             | <input type="checkbox"/> Soap, Towel, Tooth Brush, Tooth Paste, Comb and or Brush |   |
| <input type="checkbox"/> Swim Wear & Sun Screen                   | <input type="checkbox"/> Extra Pair of Sneakers for Out of Camp Trips             |   |

#### Optional Resident and Day Camp Equipment

- Fishing Equipment, Sports Equipment     Camera     Reading Material     Day Pack

Note: Items such as: Additional Cash, Axes, Hunting Knives, Radios, Cell Phones, I-Pods, CD, MP3 and Tape Players, Candy, Soft Drinks, any Food Items, Matches, New Clothing, or Dress Clothing should not be brought to camp by either Resident Campers or Day Campers. Camp will not be responsible for missing or stolen items. **Please leave expensive items home.** It is also suggested that all equipment be labeled or marked for identification. **Cell phones will not be allowed at camp. Please do not send them with your child.**

### Equipment for Camper on Junior Trips

We hope you are as excited as we are about your upcoming trip. The items on this list are additional things a camper might not normally bring to camp.

- A Small Day Pack or Back Pack for storing a change of clothes and for packing your lunch.
- Water shoes if you are canoeing, kayaking or fishing.

### Equipment for Camper on Senior Trips

We hope you are as excited as we are about your upcoming trip. The items on this list are additional things a camper might not normally bring to camp.

- Sleeping bag and waterproof sack for the bag. If you don't have this type of bag a strong garbage bag is a good substitute. Also, please make sure that the sleeping bag has no food spills or scent on it. We tend to campout where there are critters that we do not want to attract to our campsite.
- A small bag for clothing. Because most of your clothing will be left behind at camp, a small bag for the clothing you will be taking on the trip is helpful.
- A small pillow. When camping, space is valuable and large pillows take up quite a bit of room. Packing a small travel pillow makes the ride in the camp van, and the night in the tent, much more comfortable for everyone.
- Flashlight, bug spray, and suntan lotion are things that are needed at camp, but are especially needed on a campout.
- Footwear with a heel for horseback riding.

### **Lost and Found**

We do our best to keep lost and found to a minimal but kids seem to drop beach towels and swimsuits almost any place. Camp typically puts lost and found on the porch of the mess hall and also on the fence in front of the mess hall. **Lost and found that is unclaimed after each week of camp will be washed and turned into the Salvation Army at the end of the following week.** Please make every effort to check the lost and found prior to departing camp each week.

### **Emergency Release and Medical Forms**

Although we do not require a physical by an M.D., we strongly recommend your camper have a complete physical prior to camp attendance. We reserve the right to send home any child sent to us with a communicable disease or otherwise in such poor health as to preclude normal camp participation. The camp fee will be prorated and refunded accordingly. The medical form should be returned to Cornell Cooperative Extension Camp Owahta, 60 Central Ave., Cortland, NY 13045 or taken to camp on Sunday during registration. Please give the dates of the immunizations when completing the health records.

### **Directions**

From Cortland (Route 81-Exit 10), go south on Route 41 through McGraw. Make a left turn onto to Syrian Hill Road. Go North 3.0 Miles to 4-H Camp Road. Entrance is on the right hand side. Camp is located 15 Minutes from Cortland.

### **E-Mail, Snail Mail and Phone Use**

It is suggested that parents who wish campers to write letters to please send stamped envelopes and paper or postcards. Letters are welcome and should be sent to your child, C/O 4-H Camp Owahta, 4826 Knecht Road, McGraw, NY 13101.

If you wish to send an e-mail you may do so by using our automated e-mail link located on our website [www.4hcampowahta.com](http://www.4hcampowahta.com) . E-mails are for incoming mail only. Due to limited computer access, campers can not respond to e-mails.

We encourage parents not to call their child at camp since it infringes on your child's camping experience and in many cases encourages homesickness. **Under no circumstance is a child to have a cell phone in camp.** If there is an emergency or a problem at camp your child can contact the Camp Director to arrange the use of the camp phone or the Camp Director will personally contact you.

### **Refunds**

Refunds on camper fees (Excluding the \$25 Deposit) will be prorated and made for health and family related emergencies **ONLY**. Documentation of the health or family emergencies is required. Refunds are usually provided at the end of the camp season.

### **Helping Camp Owahta**

As a non for profit organization camp is always looking for ways to improve programs and facilities, while at the same time trying to keep the cost to attend camp at a reasonable rate. Below are some suggestions as to how you could help Camp. In addition, you can visit our Friends of Camp Owahta page at [www.4hcampowahta.com](http://www.4hcampowahta.com)

- Provide used athletic equipment, games, costumes, or other items that you no longer have a use for but they would be beneficial to camp. We really need used baseball gloves.
- Make a financial contribution to a specific program or facility at camp.

**Cornell Cooperative Extension of Cortland County  
4-H Camp Owahta, Confidential Health Record**

DIRECTIONS: Please complete ALL Sections. Incomplete information could jeopardize your child's health and safety and/or could prevent them from being able to attend camp due to health code requirements. Parent/Guardians are responsible for the accuracy of the information on this form. Please use blue or black ink as sometimes these forms are photocopied.

**GENERAL INFORMATION**

Circle Week(s) of Attendance: \_\_\_\_\_ Day Camp: 1 2 3 4 5 6 Resident Camp: 1 2 3 4 5 6

Camper's Name \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Custodial Parent/Guardian's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone or Pager \_\_\_\_\_

Other Parent/Guardian's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone or Pager \_\_\_\_\_

**In the Event of an Emergency, if the parent or guardian cannot be reached, please notify:**

Emergency Contact's Name (Relationship to Camper) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone or Pager \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Primary Holder's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Name of Insurance Carrier and Type of Coverage \_\_\_\_\_

Address of Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Authorization for Release of Information to Medical Providers for an Emergency Relative to the Above Named Camper

\_\_\_\_\_  
Policy Holder's Signature

\_\_\_\_\_  
Date

**MEDICAL & HEALTH HISTORY**

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Last Physical Examination Date: \_\_\_\_\_ Physician \_\_\_\_\_

Operations or Serious Injuries (Explanation and Dates): \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_

Any specific activities to be encouraged or limited by the camper's physician: \_\_\_\_\_

**MEDICAL AND HEALTH HISTORY CONTINUED**

Check all that apply by giving approximate dates of the last incidence:

- |                            |                               |                       |
|----------------------------|-------------------------------|-----------------------|
| _____ Ear Infection        | _____ Psychiatric Treatment   | _____ Chicken Pox     |
| _____ Hearing Impaired     | _____ Hypertension            | _____ Measles         |
| _____ Heart Defect/Disease | _____ Sleep Walking           | _____ German Measles  |
| _____ Lung Problems        | _____ Bed Wetting             | _____ Mumps           |
| _____ Convulsions/Seizures | _____ Fainting                | _____ Rheumatic Fever |
| _____ Diabetes             | _____ Penicillin Allergy      | _____ Tuberculosis    |
| _____ Bleeding or Disorder | _____ Other Drug Allergies    | _____ Hepatitis       |
| _____ Clotting Disorder    | _____ Environmental Allergies | _____ Mononucleosis   |
| _____ Asthma               | _____ Food Allergies          | _____ Frequent Colds  |

Please provide a brief explanation for any of the dated items above or any additional information that may be relevant to the well being of your child or any other child that may be attending camp. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION HISTORY**

In order for your child to attend camp, the parent/guardian must provide all immunization dates under the NYS Health Department Summer Camp Sanitary Code. Please **DO NOT** state that the camper is up to date. Month and year must be written for each shot series. Note that health code does not allow us to retain Health Records on file from summer to summer.

DPT Series:	_____	_____	_____	_____	_____
	1	2	3	4	5 (Booster)
OPV (Polio)	_____	_____	_____	_____	
	1	2	3	4	
Hepatitis B	_____	_____	_____	MMR Series	_____
	1	2	3		1      2
Haemophilus Influenza Type B	_____	_____	_____	_____	Chicken Pox-Varicella _____
	1	2	3		

Tuberculin Test (PPD) Optional-Please Check One: \_\_\_\_\_ Positive      \_\_\_\_\_ Negative      Date \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICATIONS

All Doctor prescribed medications must be accompanied by Camper's name and dispensing instructions from the doctors. All medications must be in the original container. Plastic containers and/or Zip Lock Baggies are unacceptable.

All over the counter medication must be labeled with the camper's name and written instructions provided by the camper's physician stating dispensing instructions, date, and physician's signature. Please be sure to bring your own over the counter medication as NYS Health Department Regulations prevent us from providing over the counter medications. Parent must initial this form for each over the counter medication provided.

All Medication Must Be Left With The Nurse At Registration and May Be Picked Up From The Nurse At The End Of The Week.

**PRESCRIPTION MEDICATION #1**                      **Week 1 2 3 4 5 6**                      **Parent/Guardian Initials** \_\_\_\_\_

**Directions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRESCRIPTION MEDICATION #2**                      **Week 1 2 3 4 5 6**                      **Parent/Guardian Initials** \_\_\_\_\_

**Directions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRESCRIPTION MEDICATION #3**                      **Week 1 2 3 4 5 6**                      **Parent/Guardian Initials** \_\_\_\_\_

**Directions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRESCRIPTION MEDICATION #4**                      **Week 1 2 3 4 5 6**                      **Parent/Guardian Initials** \_\_\_\_\_

**Directions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRESCRIPTION MEDICATION #5**                      **Week 1 2 3 4 5 6**                      **Parent/Guardian Initials** \_\_\_\_\_

**Directions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OVER THE COUNTER MEDICATION #1**                      **Week 1 2 3 4 5 6**                      **Parent/Guardian Initials** \_\_\_\_\_

**Directions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OVER THE COUNTER MEDICATION #2**                      **Week 1 2 3 4 5 6**                      **Parent/Guardian Initials** \_\_\_\_\_

**Directions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MENINGOCOCCAL MENINGITIS VACCINATION CLAUSE**

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death. Cases of meningitis among teens and young adults, ages 15 to 25 years of age, have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. A vaccine is available to protect against four types of the bacteria that causes meningitis in the US, Types A, C, Y and W-135. Additional information on meningitis can be obtained from your local health care provider or by visiting the manufacturer's web site [www.meningitisvaccine.com](http://www.meningitisvaccine.com) or the NYS Department of Health web site [www.health.state.ny.us](http://www.health.state.ny.us) and [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo).

On July 22, 2003, The New York State Public Health Law was amended to include section 2167 requiring operations of overnight camps to maintain a completed response form for every camper who attends camp for seven days or more. Please check one of the boxes below.

My child has had the meningococcal meningitis immunization (Menomune TM) within the past 10 years. Date \_\_\_\_\_ .

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 risk of not receiving the vaccine. I have decided that my child will NOT obtain immunization against meningococcal meningitis disease.

**EMERGENCY & MEDICAL RELEASE**

**For The Physicians**

I believe this child is able to attend camp and participate in all camp activities with the following restrictions and recommendations mentioned in this document or in the space provided below. The 4-H Camp Owahta Health Director has my permission to dispense as directed any medication prescribed by me.

**Additional Comments or Recommendations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensed Physician's Name (Print) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Licensed Physician's (Signature) \_\_\_\_\_

**Parent/Guardian Release**

The Health History is correct so far as I know and my child herein described has permission to engage in all camp activities except as noted. If my child's medical history changes prior to his/her attendance, I will notify camp or will not allow him/her to attend camp until he/she is in good health. In addition, I understand that Per Public Health Law, a camp can restrict my child from attending camp if there is a failure to comply with any portion of this health form.

I hereby give permission to the Camp Director or the Medical Personnel selected by the Camp Director to order x-rays, routine test, treatment and necessary transportation for my child. I understand that all actions taken will be in the best interest of my child.

In the event I cannot be reached in an emergency, I hereby give permission to the Physician selected by the Camp Director to secure and administer treatment, including hospitalization for my child, as named above. This completed form may be photocopied for trips out of camp and provided to camp staff if it is related to the health and safety of the child. I understand that my own medical insurance policy will be applied to any medical/hospital cost incurred.

Parent/Guardian Signature

Date