

Nutmeg Volleyball Camps

Thank you for registering for the 2018 Nutmeg Volleyball Camps at Loomis Chaffee School.

We hope that this will be a memorable and exciting experience for you. The information in this packet is very important, so please read it thoroughly, fill out the enclosed forms, and feel free to call or email with any questions.

Your remaining balance is due on the first day of camp at registration.

Registration:

Session I: Check in is on Sunday, July 22nd (9 am – 10:30 am)

Session II: Check in is on Thursday, July 26th (9 am – 10:30 am)

Once at Loomis Chaffee School, please look for signs that will guide you to the registration table at the dorms.

Instruction begins at 11 am. 1st meal provided will be lunch.

Directions:

Please see enclosed directions.

Camp Ends:

Session I: Camp concludes on Wednesday, July 25th at 3 pm in the Olcott Athletic Center

Session II: Camp concludes on Sunday, July 29th at 3 pm in the Olcott Athletic Center

Parents are invited to come anytime after 1:30 pm to watch.

Make sure your child has checked out with the appropriate camp staff.

Camp Address and Phone:

Nutmeg Volleyball Camp at Loomis Chaffee School

4 Batchelder Road

Windsor, CT 06095

Director Cell phone: (860) 833-4725

Campus Security: (860) 687-6325

Transportation:

We assume that your child's transportation is taken care of unless otherwise notified. If your child needs transportation from Bradley International Airport, or the Hartford Bus/Train station please contact camp director Jeff Dyreson to make arrangements. Please make arrangements 2 weeks prior to the beginning of camp.

Health Forms:

The health forms must be completed and brought to camp on the first day. **CAMPERS WILL NOT BE ADMITTED WITHOUT THESE FORMS AND THE APPROPRIATE SIGNATURES.**

- ✓ Connecticut Health Exam Form
- ✓ Authorization for administering medication
- ✓ Authorization for Self-Medication (per decision of parents and physician)

Health & Safety:

Health services include a physician on call at all times and a certified medical director on staff on campus during camp.

Loomis Chaffee School employs campus security at all times during camp.

Any pool use will have appropriate lifeguards.

PLEASE NOTE THAT ALL MEDICATION WILL BE KEPT WITH THE CAMP FIRST AID DIRECTOR AND ALL PRESCRIPTION MEDICATION MUST HAVE THE ORIGINAL PRESCRIPTION LABEL.

Roommates and Dorm supervision:

Campers stay 1, 2, or 3 (no guarantees) per room and are assigned by age and roommate requests. If there isn't a roommate request, the camper may be placed with a roommate. We try to best accommodate each camper and their requests.

Campers are under constant supervision of coaches/staff that stay in the dorms while camp is in session.

Room Key Loss:

Keys will be issued to campers upon request. Campers will be charged \$50/key for lost keys. Checks to be payable to The Loomis Chaffee School.

Spending Money and Snacks:

We recommend \$20 spending money for emergencies.

We will collect \$10 from each camper for evening snacks (covers 3 nights). Please pay upon registration (cash preferred).

Checklist of Items to bring:

Below is a suggested list of clothing, equipment and personal items. We recommend that you do not send unnecessary clothing, or expensive items such as jewelry, watches, Ipods/MP3 players, and expensive cameras.

Volleyball Items:

- ✓ 10-12 T-shirts
- ✓ 4-6 shorts
- ✓ 1 pair of athletic court shoes, well broken-in
- ✓ 1-2 pairs of knee pads
- ✓ 10-12 pairs of socks
- ✓ water bottle (1 liter size recommended)

Non-Volleyball Items:

- ✓ Comfortable pants, shirts, and shorts
- ✓ PJs and Bathrobe
- ✓ Underwear and socks
- ✓ Comfortable shoes
- ✓ Bathing Suit
- ✓ Pillow, linens, blanket and or sleeping bag
- ✓ Washcloth, towels and toiletries/personal items
- ✓ Laundry bag

✓ Alarm clock

Optional items include a fan, hair dryer, radio (avoid MP3's and iPods as these items are attractive to steal and do not promote socialization with other campers).

Payments and Cancellations:

Full payment of camp fees must be made upon arrival at camp during registration.

Any camp fees that are still outstanding on the start date of camp may prevent the camper from participating.

You acknowledge and agree to assume and be fully responsible for any and all property or other damage to the room or any other facility used at Nutmeg Volleyball Camps at Loomis Chaffee School. Lost keys are \$50.

Cancellation policy:

Hopefully, you will not have to cancel, but if you must, please do so as early as possible.

Cancellations after July 1st will be charged the \$200 deposit fee with any remainder refunded.

Parents and Guardians,

Below are the medical clearance requirements for each child to be admitted to camp. It is imperative that each form be filled out correctly and in its entirety. Failure to do so will result in the camper unable to attend camp until all forms are completed correctly.

- **Youth Camp Health Exam/Record form**
 - Signed by physician
 - Within the last 3 years (as of 7/21/2015)
- **Authorization for the Administration of Medication form** for EACH medication your child will be bringing to camp. This includes all medications listed in the medication's section of the Health Exam form AND all non-prescription/over-the-counter medications (Advil, Tylenol, Aleve, Benadryl, etc.)
 - Signed by physician AND parent/guardian
- **Medication Administration Record (MAR) form** for EACH medication that has an Authorization for the Administration of Medication form.
- **Important notes about medications:**
 - *****All prescription medication (INCLUDING inhalers) MUST have the prescription label on the bottle or the box in which it is contained.*****
 - All non-prescription medication must have the child's name written on the bottle in permanent marker.
 - Due to state regulations we will collect ALL medications a child may need to take during camp. There is a trained staff member who keeps all medication in a locked bin and distributes the medications as needed for each camper.

Authorization for the Administration of Medication

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp 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. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

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

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ____/____/____ Stop Date ____/____/____

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

Name of Camp _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____ Last Name _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink) _____

Medication Administration Record (MAR)

Name of Child _____ Date of Birth ____ / ____ / ____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

- | | |
|--|--|
| <input type="checkbox"/> Authorization form is complete | <input type="checkbox"/> Medication is appropriately labeled |
| <input type="checkbox"/> Medication is in original container | <input type="checkbox"/> Date on label is current |

Person Accepting Medication (print name) _____ Date ____ / ____ / ____

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

- Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____ / ____ / ____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

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		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number