



Day Camp Registration

New this year!

- ☺ **Early drop-off at 8:00 am—Now Available!**
- ☺ **Sign up for as many weeks as you like!**
- ☺ **Kids up to 13 Can Attend Camp!**
- ☺ **Teens Aged 14—16 Can Apply to be CITSI**
Ask us for an application for this free Counselor-In-Training program!

Dear Day Camp Registrant,

Thank you for your interest in enrolling your child for Day Camp at Heifer Farm in Rutland, Massachusetts. We look forward to spending the week with your child during this fun educational adventure.

For each child that you register, complete this registration packet and return it with your full payment to the Heifer Farm Reservations Office:

Heifer Farm Attn: Reservations Office
216 Wachusett Street
Rutland, MA 01543

Once your registration is processed, you will receive a confirmation e-mail with more details for planning your camper's week like what to bring, where to drop off and pick up your child, and our camp policies.

To ensure the safety of each camper and as required by law, we need a health history for each of our campers. You must complete each Section included in our registration packet paying careful attention to sign the *Consent and Permission to Treat* and the *Authorization to Administer Medication to a Camper* forms. The information you provide is confidential and will only be shared with appropriate staff; however, the information is vital in a health emergency and also necessary for simple scraped knees that may require a little medical attention.

When returning your registration packet, please use the checklist below to ensure that you are returning all the required paperwork to enroll your child in Day Camp at Heifer Farm.

- Registration Form (Sections A—D; sign sections C & D)
- Certificate of Immunizations
- Heifer Farm Permission & Waiver (signed by parent or guardian)

Questions? Contact the Heifer Farm Reservations Office at reservations@heifer.org or 1-508-886-2221.

To learn more about Heifer International, visit www.heifer.org.

To learn more about Heifer Farm, visit the Heifer Learning Center page on Facebook: Heifercenters

We look forward to meeting your family.

Chris Wychorski
Reservations Coordinator

Day Camp Open House – June 17, 2017, 9:00 am —12:00 pm

Come meet the staff, tour the farm and ask questions about our day camp programs!

This camp must comply with the regulations of the Massachusetts Department of Health (105 CMR 430.00), and be licensed by the Rutland Board of Health. Information on 105 CMR 430.00 can be obtained at (617) 983-6761.



Heifer Farm
 216 Wachusett Street | Rutland, MA 01543-2099
 T: 508.886.2221 | F: 508.886.5038
 Email: reservations@heifer.org | www.heifer.org

For Office Use Only:	Payment Received:
<input type="checkbox"/> BBEC input _____	<input type="checkbox"/> Cash
<input type="checkbox"/> Opt Out? Check if yes	<input type="checkbox"/> Check # _____
<input type="checkbox"/> Waiver Received	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Immunization Form	
<input type="checkbox"/> Sections C & D signed	
<input type="checkbox"/> Confirmation Sent	

2017 Heifer Farm Day Camp Registration

CHECK YOUR DESIRED WEEK(S):

<input type="checkbox"/> April 17—21	<input type="checkbox"/> July 10—14	<input type="checkbox"/> July 24—28	<input type="checkbox"/> Aug 7—11
<input type="checkbox"/> June 26 —30	<input type="checkbox"/> July 17—21	<input type="checkbox"/> July 31—Aug 4	<input type="checkbox"/> Aug 14—18

Camp Fee & Extended Care fees are due at the time of registration
All fees are non-refundable.*
 *We're happy to move your child to another session if openings are available.
Camp Fee: \$275/week (5 days; M-F; 9:15-4pm)

⇒ Please check desired Extended Care Option:

I do not need any Extended Care.
 Weekly Rate for AM Care: **\$50/week (5 days; M-F; 8:00—9:00 am)**
 Weekly Rate for PM Care: **\$75/week (5 days; M-F; 4:00—5:30 pm)**
 I want to sign up for the Daily Option (below).

Daily Rate for AM extended care is \$15/day & PM extended care is \$20/day.
 Please check desired Extended Care Option:

AM Care by Day: Mon Tue Wed Thurs Fri
PM Care by Day: Mon Tue Wed Thurs Fri

Total Camp Weeks _____ X \$275 = _____
Total # AM Care Weeks (weekly rate) _____ X \$50 = _____
Total # PM Care Weeks (weekly rate) _____ X \$75 = _____
Total # Days AM Care (daily rate) _____ X \$15 = _____
Total # Days PM Care (daily rate) _____ X \$20 = _____
Total Fees: \$ _____

Check Payments: Make all checks payable to Heifer International.

Credit or Debit Card Payments: Call the Reservations Office with your credit card information —(508) 886-2221 or provide below:

Name As It Appears On Card: _____
 Card Number: _____
 Expiration Date: _____
 Security Code: _____

As required by law, this form must be filled out completely and signed. Return the completed forms to Heifer Farm at least two weeks prior to the camp session. Parents/Guardians of campers arriving at camp without completed forms or with an incomplete form will be contacted to pick up their children.

SECTION A – General Camper Information

Camper's Name: _____ **Date of Birth:** _____ **Grade @ Camp** _____
Address: _____ **Age During Camp:** _____ **Min Age: 7 — Max Age: 13**
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Gender:** M / F **New Camper?** Yes or No

Parent's Name (or Guardian): _____
Address same as camper? Yes No if no, please provide.
Day Phone: _____ **Cell Phone:** _____
Email Address: _____

Parent's Name (or Guardian): _____
Address same as camper? Yes No if no, please provide.
Day Phone: _____ **Cell Phone:** _____
Email Address: _____

EMERGENCY CONTACT

When parents cannot be reached, who should we contact in case of an emergency? **Is this person authorized for pick-up of your child? Yes or No**

Name: _____ **Cell Phone:** _____
Address: _____ **Relationship:** _____

PICK UP AUTHORIZATION

Please list two additional people (besides parent(s) or guardian listed above) who are authorized to pick up your child at camp. We will require picture identification and we will only release your child to the people named on this sheet.

1. _____ **Phone:** _____
 2. _____ **Phone:** _____

Please place my child with the following other camper: _____

TO REGISTER YOUR CHILD TO PARTICIPATE IN HEIFER'S DAY CAMP, YOU MUST COMPLETE ALL FIELDS IN THE CAMP REGISTRATION FORM AND THE HEIFER FARM PERMISSION & WAIVER FORM.

Section B – Health History

Immunization History

Please attach a certificate of immunizations.

We do not hold your child's medical records from year to year.

Required Immunizations (per the Massachusetts Department of Public Health)

- 1. Measles, Mumps and Rubella (MMR) Vaccine:** At least one dose of MMR Vaccine must be administered at or after 12 months of age or there must be proof of laboratory evidence of immunity.
 - A second dose of live measles containing vaccine is required for all campers of any age.
 - Both doses of measles vaccine must be given at least one month apart, and be given at or after 12 months of age, or there must be proof of laboratory evidence of immunity.
- 2. Polio Vaccine:** At least three doses of either trivalent oral polio vaccine (OPV) or enhanced potency inactivated polio vaccine (e-IPV) are required. If a mixed schedule of polio vaccine is given (IPV and OPV), a total of four doses are required.
- 3. Diphtheria and Tetanus Toxoids and Pertussis Vaccine:** At least four doses of DtaP/DTP/DT/Td are required (the pertussis component is not given to anyone seven years of age or older). A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years have elapsed since the last dose.
- 4. Hepatitis B:** For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required.

Allergies

Mark All Known	Specifics	Reaction	Treatment
<input type="checkbox"/> Plants/Pollen			
<input type="checkbox"/> Insect Stings			
<input type="checkbox"/> Food			
<input type="checkbox"/> Animals			
<input type="checkbox"/> Other			

Provide any additional information about your camper's physical and behavioral, emotional or mental health which will be useful to our camp health care and/or camp staff.

Are there any specific activities that should be restricted, limited or adapted?

Specify any dietary restrictions or needs.

If your camper has any needs that will require special accommodation while at camp, please call the Reservations Coordinator at 508-886-2221.

Section C – Consent and Permission to Treat

To my knowledge, this health history is correct and complete. I hereby give my permission to the **designated health care personnel - including an off-site health care consultant and on-site health care supervisor** - selected by the camp to provide routine health care and to seek emergency medical treatment for my child/ward.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person herein described. I authorize the medications I have listed in *Section D— Authorization to Administer Medication to a Camper* of this form to be administered by the Health Care Supervisor, as directed to the minor camper for whom it was prescribed.

Healthcare Provider and Insurance Information

Name of Family Physician: _____ Phone: () _____

Name of Dentist/Orthodontist: _____ Phone: () _____

Medical/Hospital Insurance: _____

Policy or Group Number: _____

Name of Insured: _____ Relationship to Camper: _____

Signature of Parent/Guardian: _____ 

Printed Name: _____ Date: _____

Section D – Authorization to Administer Medication to a Camper

ALL PARENTS/GUARDIANS PLEASE SIGN:

Authorization to Administer Medication to a Camper (Both Over-the-Counter and/or Prescription Meds)

I hereby authorize Heifer International's Day Camp at Heifer Farm to administer, to my child,

_____ the medication(s) indicated below, in accordance with 105 CMR 430.160.

(Name of Child)

Parent/Guardian Signature: _____ Date: _____ 

Note: Heifer Farm maintains basic first-aid supplies but cannot administer ANY form of over-the-counter or prescribed medication without receiving this completed Medical Authorization Form. Medication administration will occur at the infirmary in the Visitor Center. **Please check any medication you wish to be made available to your child.** Medications will be administered in accordance with their established protocols, unless you note otherwise.

Bites/stings/allergic rashes

- Anti-itch lotion (like calamine lotion)
- Anti-itch cream (like 1% Hydrocortisone)
- Benedryl

Headache/fever/earache muscle aches/pain/ menstrual cramps

- Acetaminophen (like Tylenol)
- Ibuprofen (like Advil)

Minor cuts/bruises

- Antibiotic ointment (like Neosporin)

Upset stomach

- Antacid (like Tums)

Sore Throat & Coughs

- Cough drops

Other

- Insect repellent
- Sunscreen

 Please Check Off!

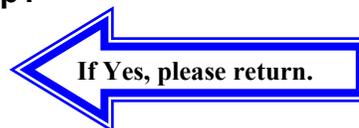
Section D – Authorization to Administer Medication to a Camper

Prescription Medications: (copy this page for additional medications)

Does your child require any prescription medications at camp?

If no, leave this section blank.

If yes, please **complete below and return.**



Diagnosis (at parents discretion): _____

Name of Licensed Prescriber: _____

Business Telephone: _____

Emergency Telephone: _____

Name of Medication: _____ Dose given at camp: _____

Route of Administration: _____

Frequency: _____ Date Ordered: _____ Duration of Order: _____ Quantity Received: _____

Expiration date of Medications Received: _____

Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water):

Specific Precautions:

Possible Side Effects/Adverse Reactions:

Does the medication need to be with the camper at all times? (i.e., epipen or inhaler) Yes or No

Self-administration of Epi-pen®, inhaler, blood sugar monitor, or insulin injections (if applicable)

I hereby authorize my child to self-medicate/monitor using a/an: _____

(Epi-pen®, inhaler, blood sugar monitor, or insulin injections)

Parent/Guardian Signature: _____ Date: _____

DETACH AND KEEP FOR YOUR RECORDS

Department of Public Health Regulations -

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.



Day Camp Permission and Waiver

Heifer Project International (“Heifer International”, “we”, “our” or “us”) is an international charitable organization whose mission is to work with communities to end hunger and poverty and to care for the Earth.

We understand the individual identified below (the “participant”) will be participating in day camp at a Heifer Learning Center. We routinely film and take photos of activities occurring at such day camps, and would like to obtain permission to use and edit the resulting photos and video footage, along with the participant’s name, indefinitely and free of charge, for training, fundraising and education purposes in furtherance of our charitable mission. We would also like to obtain permission for the participant to participate in the day camp.

By signing below, participant (and, if participant is 17 years of age or under, participant’s parent or guardian) (a) grants Heifer International the permission requested above, (b) WAIVES AND RELEASES Heifer International and its directors, officers, representatives, employees, and volunteers from, and INDEMNIFIES them against, any and all claims, demands, damages, actions, causes of action, and liabilities that may arise from the day camp or the use of said photos and video footage, and (c) agrees Heifer International will be the exclusive owner of any results or proceeds from such photos and video footage.

Please Print Clearly

Participant’s Name Participant’s Signature Date Participant’s Date of Birth

If participant is 17 years of age or under:

Parent’s/Guardian’s Name Parent’s/Guardian’s Signature Date

Parents/Guardian’s Contact Information

(please check the “opt out” box below if you do not wish to receive correspondence/communication from us)

Mailing Address Zip Code Email Address Phone #

Opt out (I do **NOT** wish to receive correspondence/communication from Heifer International)

Internal use only:

Sponsoring Organization: _____ N/A for day camp _____

Program Name/Dates: _____

Location: Heifer Ranch **Heifer Farm** Heifer Village