



CONNECTING COMMUNITY WITH THE LAND

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110 Valley Farm Road • New Gloucester, Maine 04260  
(207)926-3913 Phone and Fax

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Greeting,

Welcome to Pineland Farm's Summer Camp. Please fill out the following forms and return them to Pineland Farms by, **June 1, 2009**. A deposit must be rendered in order to ensure your child's reservation. Cancellations with 30 days advanced notice will receive a full refund minus the \$50.00 non refundable deposit. Cancellations two weeks prior to the session will result in a refund of half the tuition, minus the \$50.00 non-refundable deposit. No refund will be granted for cancellations made less than two weeks prior to the session.

A checklist is included on the next page of everything that will need to be returned in order for your child to attend camp. Our camp tuition varies depending on the camp your child is attending. Below is the receipt for your child's camp, showing what you have paid, owe and the total camp amount.

Summer Day Camp Program: \_\_\_\_\_ Session 1 2 3 4

Week (s) of \_\_\_\_\_

\$ \_\_\_\_\_ cost of the program.

\$- \_\_\_\_\_ non-refundable deposit

\$ \_\_\_\_\_ total amount due.

Final payments are due **June 1st**. Please make checks payable to Pineland Farms.

If you have any questions or concerns please contact me at (207)926-3913 or by email [shunt@pinelandfarms.org](mailto:shunt@pinelandfarms.org).

**All forms and payment can be mailed to:**

Pineland Farms Summer Day Camp  
110 Valley Farm Road  
New Gloucester, Me 04260

We look forward to having a great summer with your child.

Sincerely,

Sarah Hunt  
Director of Education



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## Summer Day Camp Check List

My \_\_\_\_\_ (son/daughter's name) is attending  
\_\_\_\_\_ summer day camp session # \_\_\_\_\_.

**Child's t-shirt size:** (circle one)    **Youth**   XS   S   M   L  
**Adult**   S   M   L   XL

- Camp checklist (this page)
- Immunization history
- Medical form summer 2009
- Medical form, recommendations and restrictions while at camp
- Camper health history
- Summer camp release form
- Photo release form
- Remaining balance or TOPS/ summer camp ID number \_\_\_\_\_
- Other \_\_\_\_\_

I \_\_\_\_\_, have read and agree to the terms of Pineland  
Farms cancellation policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Immunization History

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Required immunization must be determined locally. Please record the date of basic immunizations and most recent booster shots.

Vaccines	Year of basic immunization	Year of last booster
Diphtheria DPT	1	1
Pertussis (Whooping Cough) DPaT	2	2
Tetanus or	3	3
Tetanus TD		
Diphtheria or		
Tetanus		
Oral Polio (Salk)		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubella)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test: most recent		
Haemophilus influenza b (HIB)		
Hepatitis B		

### Health Care Recommendations by Licensed Physician

I have examined the above child within the past two years. Date examined: \_\_\_\_\_

In my opinion, the above condition (s) **does** / **does not** (please circle one) prelude his/her participation in an active camp program.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

The above child is under the care of a physician for the following conditions: \_\_\_\_\_

Current treatment and medications: \_\_\_\_\_

Explanation of any reported loss of consciousness, convulsion or concussion: \_\_\_\_\_

Does the above child have epilepsy? \_\_\_\_\_ Does the above child have diabetes? \_\_\_\_\_



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## Medical Form Summer 2009

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 Parent or Guardian: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Business: \_\_\_\_\_ Bus. phone: \_\_\_\_\_  
 Second Parent/Guardian/Emergency Contact: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Business: \_\_\_\_\_ Bus. phone: \_\_\_\_\_  
 If not available in an emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_

### Health History

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting Disorders
- Hypertension
- Mononucleosis

### Dates

### Diseases

- Chicken Pox
- Measles
- German Measles
- Mumps

### Dates

### Allergies

### Dates

- Hay Fever
- Poison Ivy
- Insect Stings
- Penicillin
- Other Drugs
- Asthma
- Food : \_\_\_\_\_

Operations or serious injuries with dates: \_\_\_\_\_

Chronic/recurring illness or medical condition: \_\_\_\_\_

Current medications: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Additional medical notes: \_\_\_\_\_

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



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## Recommendations and Restrictions While at Camp

Camper name: \_\_\_\_\_ Date: \_\_\_\_\_

Any treatment to be continued at camp: \_\_\_\_\_

Any medications to be administered at camp (specify dosages): \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions: \_\_\_\_\_

Any allergies (food, drugs, plants, insects, etc.): \_\_\_\_\_

Activities to be encouraged or limited: \_\_\_\_\_

Additional health information: \_\_\_\_\_

### **Important - This form must be completed for attendance\***

This health history is correct as far as I know, and the person here in describes has permission to engage in all Summer Camp activities at Pineland Farms activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the Pineland Farms Education Director to order x-rays, routine tests, treatment, and necessary related transportation for my child. In the event I can not be reached in an emergency, I hereby give permission to the physician selected by the Pineland Farms Education Director to secure and administer treatment including hospitalization, for the person named above. The completed forms may be photocopied for trips outside of camp.

\*Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my camp activities.

\*Signature of minor: \_\_\_\_\_

*If for religious reasons you cannot sign this, then Pineland Farms should be contacted for a legal waiver which must be signed for attendance.*

Licensed Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_

Date of form completion: \_\_\_\_\_ \*\*By: \_\_\_\_\_

\*\*Sign if completed by nurse or physician's assistant



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## Camper Health History Form

\_\_\_\_\_  
Camper Name

\_\_\_\_\_  
Camp Session

\_\_\_\_\_  
(non parent) Emergency Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Primary Care Physician

\_\_\_\_\_  
Phone Number

Please describe any current health conditions requiring medication, treatment or special attention while at camp. **If medication is needed please provide a written dosage schedule on a separate sheet of paper.**

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

Please list any known allergies and their treatment.

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

Date of last Tetanus shot: \_\_\_\_\_

Please list products which we may use for sun screen and bug control in the event your child has no protection.

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

**Parents/Guardians:** In the event your child becomes sick at camp i.e. headache, stomachache etc. we will call you to pick them up. If you want your child to take over the counter medications at camp you **must** send the medication with them. Include a note authorizing the administration of the medication by staff members. Please include preferred dosage and frequency. Please do not send your child to camp ill we will send them home immediately for the protection of other campers.



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## Summer Camp Release Form

Please list the name and contact number of all persons authorized to pick up your child from *Summer Camp*.

**We will only release your child to those listed below.**

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_

Contact Number: \_\_\_\_\_



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## Photography Release Form

I hereby grant to Pineland Farms and their legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs of me or my child, or in which may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release Pineland Farms and their legal representatives and assigns from all claims and liability relating to said photographs.

Childs's name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (print): \_\_\_\_\_

Parent or Guardian (signature): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_