

Child's Name: _____

Age as of July 1st, 2018: _____

Grade as of September, 2018: _____



Office Use Only

Date: _____

Deposit Amount Received: _____

Staff Initial: _____

**BOYS & GIRLS CLUBS
OF BOSTON**

CHARLESTOWN CLUB
Keane Children's Center
Ansin Youth Center



“This camp must comply with regulations of Massachusetts Department of Public Health and be licensed by the local board of health.”

Summer Camp Registration Checklist.

The following needs to be completed in order to register your child(ren) for summer camp.

Incomplete paperwork will not be accepted.

- BGCB Membership form *(new members only)*
- Club Membership up-to-date *(for existing members)*
- Summer Camp Registration Form
- Pick-Up Designation Form
- Emergency Information Sheet
- Emergency Treatment Form
- Immunization Records & Physical *(provided by child's doctor or health center)*
- Non-refundable deposit: *(\$50 per session)*
- Sunscreen & Insect Repellant Permission Slips
- Medication Authorization Form *(if applicable)*
- Medication Order Form *(if applicable)*
- Receipt of Parent Handbook
- Full payment or payment arrangement *(due by June 1st, 2018)*

“This camp must comply with regulations of Massachusetts Department of Public Health and be licensed by the local board of health.”

Charlestown Boys & Girls Club
Summer Camp 2018
Registration Form

Child's Name _____

Age _____ (As of July 1, 2018)

Parent/Guardian Name: _____

Parent/Guardian Email (*Mandatory*): _____

Check the weeks you are registering for below:

Session & Dates	Length (Days)	Please check session below (9am-4pm)	Extended Care please check (<i>limited space</i>) (8am-5:30pm)
Mini Camp July 2, 3, 5 & 6	4		
1. July 9 – July 20	10		
2. July 23 – August 3	10		
3. August 6 – August 17	10		

FEES:

Session	Camp Fees (9am-4pm)	Additional Extended Care Fees (8am-5:30pm)
Mini Camp July 2, 3, 5 & 6	\$80.00	\$40.00
1. July 9 – July 20	\$200.00	\$100.00
2. July 23 – August 3	\$200.00	\$100.00
3. August 6 – August 17	\$200.00	\$100.00

A \$50 non-refundable deposit is required for each child registered per session.

***Ryan J. “Duce” Morrissey Summer Campships available to Charlestown Residents.**

A \$25 non-refundable deposit is required per session if applying for scholarship

**Charlestown Boys & Girls Club
Summer Camp Pick-up Designation Form**

CHILD'S NAME: _____

MY CHILD WILL DEPART FROM THE CAMP BY:

____ PARENT PICK UP

____ SIBLING (Must be 12 years or older) PICK UP

____ UNSUPERVISED WALK (12 year olds only) ***Approval Required**

Please specify where? (Home, Grandparents house, etc.) _____

____ OTHER (DESCRIBE _____)

I give permission for my child to be released from the program as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE".)

Photo ID required at time of pick up.

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

ANY OTHER DISMISSAL REQUEST MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. PLEASE NOTE ANY PARENT IS ALLOWED TO PICK UP THEIR CHILD UNLESS A LEGAL DOCUMENT IS HERE ON FILE. THIS PERMISSION IS VALID FOR ONE YEAR FROM THE DATE OF THE SIGNATURE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

EMERGENCY INFORMATION SHEET

Child's Name: _____

1. Parent/Guardian: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

2. Parent/Guardian **OR** Emergency Contact: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Is this person authorized to pick child up from club? Yes or No

3. Emergency Contact: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Is this person authorized to pick child up from club? Yes or No

Permission to additionally use authorized pickups from after-school membership application? Yes or No

*** Please provide at least 3 different contacts.**

CHARLESTOWN BOYS & GIRLS CLUB SUMMER CAMP

Emergency Treatment Form

Note: This form accompany child on all field trips and to any health facility used in emergency treatment.

I, _____, give permission for my child, _____, to receive first aid treatment in case of emergency. I understand that the MGH Health Center in Charlestown or Mass General Hospital in Boston will be the health facilities generally used. In case of field trips, I understand that my child will be taken to the nearest appropriate health facility for emergency treatment.

SERIOUS MEDICAL PROBLEMS (please explain): _____

DATE OF LAST TETANUS BOOSTER (or DTP or DT): _____

PHYSICIAN PRESCRIBED MEDICATION: _____

EMERGENCY CONTACTS:

1. Name: _____

Phone #: _____ Relationship to Child: _____

2. Name: _____

Phone #: _____ Relationship to Child: _____

Medicaid number (if applicable): _____

Parent/Guardian Signature

Date

Parent/Guardian Please Sign (Signature required in case of Hospitalization)

Hospital Emergency Use Only

(Detach this section for hospital records)

I give permission for my child, _____, to receive emergency treatment.

I understand that the Bunker Hill Health Center or Mass General will be the health facilities generally used. I understand that my child will be taken to the nearest appropriate health facility for emergency treatment.

Parent / Guardian Signature Date

Staff Signature



**BOYS & GIRLS CLUBS
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SUNSCREEN PERMISSION SLIP

I give the Charlestown Boys & Girls Club my permission to apply sunscreen as needed to my child. I understand that if I do not send my own sunblock labeled with my child's name or if I send sunblock that has expired the club will use their own.

Child's Name _____

Parent/Guardian Signature _____ Date _____

INSECT REPELLANT PERMISSION SLIP

I give the Charlestown Boys & Girls Club my permission to apply insect repellent as needed to my child. I understand that if I do not send my own insect repellent labeled with my child's name or if I send insect repellent that has expired the club will use their own.

Child's Name _____

Parent/Guardian Signature _____ Date _____



Medication Administration at Summer Camp

Dear Parent/Guardian,

We would like to inform you of the policies that have been put in place to ensure the health and safety of children needing medication(s) during the camp day at the Boys and Girls Clubs of Boston.

Boys and Girls Clubs of Boston require that the following forms must be on file in your child's health record before we begin to give any medication(s) at camp:

1. A **signed parental authorization form** by the parent/guardian to give your child medication(s) while at camp.
2. A **signed written medication order** by your child's licensed prescriber (physician, nurse practitioner, etc.). One form should be filled out for each medication to be administered at camp.

Medication(s) must be delivered to the camp in a pharmacy or manufacturer labeled container by the parent/guardian or designated responsible adult. Please ask your pharmacy to provide separate bottles for camp and home. No more than one week's supply of medication(s) can be delivered to the camp.

In order to give your child the medication(s) they require while in camp, we ask that you please act quickly to complete all enclosed forms as instructed and give them to the Camp Director. We appreciate your help in complying with the medication policies at the Boys and Girls Clubs of Boston.

Thank you.

Sincerely yours,

Krishna Foran
Camp Director
Health Care Coordinator
kforan@bgcb.org
Phone: 617-516-5500
Fax: 617-241-3847

Attachments: Parental permission and medication order form



MEDICATION ADMINISTRATION PARENTAL AUTHORIZATION FORM

Name of Camper: _____

My child will need to take prescribed medication at camp: Yes No

****Please list all medications the child is receiving during the camp day and attach medication orders from the camper’s health care provider.****

My son/daughter is known to have the following allergies:

My child is currently prescribed medication: Yes No

If “yes”, please list all medications are taken at home:

I authorize the Camp Health Supervisor to give the following medication(s)

prescribed by _____ to _____
(Licensed Prescriber) (Name of Camper)

I give permission for my son/daughter to self-administer their medication if the licensed prescriber determines it is safe. Yes No

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 of 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.

Signature of Parent/Guardian Date



MEDICATION ORDER FORM

****This form is to be completed by a Licensed Prescriber: Physician, Nurse Practitioner or others authorized by Chapter 94C****

A separate order form is required for each medication.

Name of Camper:		Sex:
Date of Birth:		
Name of Licensed Prescriber:		Title:
Business Phone #:		Emergency Phone #:
Medication:		Route:
Dosage:	Frequency:	Times of Administration:

(Whenever possible, medication should be scheduled at times other than camp hours)

Specific directions or information for medication administration: _____ _____
Special side effects, contraindications, or possible adverse reactions to be observed: _____ _____

Diagnosis:	Other medical condition(s):
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Date of Order:	Discontinuation Date:
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Consent for camper to self-administer: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Signature of Licensed Prescriber _____ **Date** _____



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Parent Handbook Authorization

I, _____, have received and reviewed the Charlestown Boys & Girls Club Summer Camp Parent Handbook.

I understand that if I have any questions or concerns I can contact Krishna Foran, Camp Director at (617) 516-5500 or kforan@bgcb.org

Child's Name

Parent/Guardian Signature

Date



**BOYS & GIRLS CLUBS
OF BOSTON**

CHARLESTOWN CLUB
Keane Children's Center
Ansin Youth Center

Summer Camp Parent Handbook

Please detach and keep for your records

Parent Handbook

The Charlestown Boys and Girls Club must comply with regulations of the MA Department of Public Health and be licensed by the local Board of Health.

Camp Director: Krishna Foran

Health Care Supervisors: Krishna Foran, Quinlan Locke, Eric Davis, and David O'Brien

Summer Camp will run from Monday July 2, 2018 through Friday August 17, 2018.

Camp Sessions

July 2 – July 6 (closed July 4)

July 9 – July 20

July 23 – August 3

August 6 – August 17

Camp hours

Camp hours are 9:00am to 4:00pm.

Extended hours are 8:00am to 5:30pm.

I understand that scheduled activities/field trips begin by 9:15am. If a camper arrives to camp late (without prior communication with Camp Director), that camper will not be able to stay at the Club and will be asked to leave for the day.

Safety

Our priority at the Charlestown Boys and Girls Club Summer Camp is to provide a safe, fun and healthy environment for our campers, visitors, and employees. To ensure the safety of our campers all employees are expected to obey all safety precautions in implementing summer camp activities.

-1:5 staff to camper ratio for 6 year olds

-1:10 staff to camper ratio for 7-12 year olds

-All campers must be signed in and out by an adult at the beginning and end of each day.

-A 1:25 lifeguard to swimmer ratio will be enforced at all times during swim, while still staying in the staff to camper ratio. Counselors and junior staff will be present to supervise swimmers during swim time.

-ALL lead staff is CPR and First Aid certified.

-A Health Supervisor will be on site at all times.

-Should an accident or injury occur at camp, a parent will be notified and a copy of the accident/injury report will be sent home to parent/guardian.

Field Trips

Are an integral part of summer camp and each age range will go on at least two bus trips per week to various locations. You will receive a scheduled list of field trips for the summer prior to your child starting camp (which is subject to change due to unforeseen circumstances). By sending my child to camp I am allowing them to participate in any/all field trip related activities that happen during normal summer camp hours. I understand that these trips vary in nature and are under the supervision of Charlestown Boys and Girls Club staff; such trips are age and theme appropriate for all campers. I understand that on some occasions some field trips may run late do to unforeseen circumstances. If you do not want your child to attend a field trip, he or she will need to stay home from camp on their group's bus trip day.

Camp Policies/Procedures

1. *Care of mildly ill campers*
2. *Administration of medications & Emergency care*
3. *Head Lice*
4. *Background Checks*
5. *Discipline, Suspension, Termination*
6. *Injury/Accident Reports*
7. *Bullying*
8. *Unregistered campers*
9. *How to file grievances*

1. Care of mildly ill campers

If your child is sick, you should notify camp and keep your child at home. Should your child become ill at camp he/she will be placed in the camp infirmary. A staff member will notify parent/guardian of the child's illness and if possible, arrangements should be made for the sick camper to go home. If an authorized adult is not available to pick up the sick camper, he/she will remain in the infirmary with the Health Care Supervisor until an adult is able to pick him or her up.

2. Administration of Medication & Emergency Care

The designated Health Supervisor will administer any oral or topical medications. The Camp Director and Health Care Supervisors have all been trained on proper medication administration by the Nurse Health Coordinator from the Boys and Girls Clubs of Boston.

In the event an injury occurs during Camp hours, the following emergency procedures will be implemented:

- Staff will administer first aid while additional staff clear the area of other campers
- If the situation requires EMS, a supervisor or staff member will call 911
- Parent/guardian will be notified of the situation
- The injured party will remain under supervision in the infirmary while waiting for EMS
- All necessary emergency information will be available upon EMS's arrival
- Parent or emergency contact will be provided with hospital information in order to meet their injured child at the hospital

If we are unable to contact the parent/guardian:

- Emergency contact provided on camp application will be contacted
- Staff will continue to try to reach parent/guardian

3. Head Lice

The Charlestown Boys and Girls Club may conduct periodic lice checks. If a child is found to have an active infestation, he/she will be excluded immediately from the club, the parent and/or guardian will be contacted by phone and asked to come to the club to dismiss their child. The parent and/or guardian will be given written instructions and a checklist will be given to assist them in eliminating the head lice problem. **For readmission to the club, the child must be accompanied by a parent and/or guardian, nit free and:**

- A. Be rechecked and cleared by the manager/director on-site

OR

B. Have a note from their primary care provider stating that the child is free of head lice and/or nits. A copy of our more extensive head lice policy will be made available upon request.

4. Background Checks

Background checks, including CORI, SORI and National CORI and Juvenile Report, are completed for ALL staff, junior staff and volunteers. All documents are housed at the Boys and Girls Club Main Office, 200 High Street, 3rd Floor Boston, MA 02110, for a period of at least three years. No person is allowed to work until all the required background checks have been performed and the Director has been notified of the staff's clearance to work.

A copy of our background check policy will be made available upon request.

5. Discipline/ Suspension/ Termination

All campers will be treated fairly and equitably. Lead counselors will establish clear and concise boundaries and expectations with all campers.

At the Club, we believe that if campers remember to respect themselves, fellow campers, the staff, the property, and visitors, then they are great role models for everyone. Below are other reminders on how your child can be a great camper: You can help us by reinforcing these messages at home.

1. Respect: All campers must respect other campers, staff, the building, and its property. This includes using positive and respectful language; keeping your hands, feet, and property to yourself.
2. Bullying, teasing, picking on, and ganging up on others will not be tolerated.
3. Dress respectfully: hats, headgear, bandanas, sagging pants, and half-shirts are not allowed. Shirts promoting drugs, sex, and/or violence are not allowed.
4. Only go into areas that are supervised by staff and follow the expectations that are specific to each area. Campers are expected to remain in their assigned rotation area until dismissed by the program staff
5. Listen to staff direction.
6. Keep all valuables and personal property at home (i.e., cell phone, portable gaming systems and other electronics). The Club is not responsible for any lost or stolen articles.
7. Try your best and support others in all activities

All discipline and guidance will remain consistent and be based on the child's individual needs and development. The goal of discipline is to always maximize the growth and development of the child and to protect the group and the individuals within it.

A child's attendance at camp is based on his/her behavior as well as the behavior of the parent/guardian. Campers and their families are expected to adhere to all rules, policies, and regulations set by the Club. A camper's behavior outside of the Club may also influence membership status.

If a child's behavior or other family representative's behavior endangers the overall safety, security, and supervision of themselves and/or others, he/she may be dismissed from the Club upon review by staff and the directors. Being a camper is a privilege, and if a child cannot follow the club's policies, rules, and expectations, his or her club membership may be revoked.

6. Injury/Accident Reports

A First Aid Kit will be located in every program area in the Boys and Girls Club.

Counselors will tend to all injuries, regardless of how small or insignificant injuries may appear. After treating the injury, the counselor will document the injury in the Camp Medical Log and an injury report will be filled out by the camp counselor. A parent or guardian will also be notified.

In the case an incident or injury warrants a 911 call, a parent or guardian will be immediately notified.

In the case of a suspected outbreak, staff will report symptoms to Health Supervisor, who will immediately notify the local Board of Health.

7. If an unregistered child comes to Camp

In the event an unregistered child arrives at Camp, all attempts will be made to contact the child's parent or guardian. Unregistered children will not be allowed to participate in camp activities. An unregistered child under the age of 18 may participate in the Camps' food program during breakfast and or lunch. All food must be consumed on site and parents may not take any food home.

8. How to file grievances

The Camp will immediately investigate all complaints/grievances and will take all steps necessary to remedy the situation. Grievances will be discussed with camp counselors and, if necessary, the camp director should be contact directly.

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 1,000-1,200 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are 3 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older. Quadrivalent meningococcal polysaccharide vaccine (Menomune) is recommended for people age 56 and older with certain high-risk conditions.

Should my child or adolescent receive meningococcal vaccine?

Meningococcal vaccine is **not** recommended for attendance at camps. However, these vaccines may be recommended for children with certain high-risk health conditions, such as those described above. **MDPH strongly recommends two doses of quadrivalent meningococcal conjugate vaccine: a first dose at age 11 through 12 years, with a second dose at 16 years.**

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency, and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at www.mass.gov/dph.