

# Hill House Kiddie Kamp

## Family Welcome Guide 2012

Dear Families,

Welcome to Hill House Kiddie Kamp! We have many exciting activities planned for an incredible summer in downtown Boston.

Enclosed please find the following materials:

- Welcome Guide
- Medical Form & Immunization Record (must be signed by the child's physician)
- Summer Camp Release Form
- Pick Up Authorization Form

Once you have read through this guide, please complete and send all forms to:

Hill House Summer Camps  
Attn: Rachel Czubryt  
127 Mt. Vernon Street  
Boston, MA 02108

Or fax them to (617) 227-9251 (ATTN: SUMMER CAMP)

These forms should be returned to Hill House before your first week of camp.

***Your child will not be allowed to attend camp until all forms have been received by Hill House.***

If you have any other questions, please do not hesitate to contact us at (617) 227-5838 ext. 10.

Sincerely,



Maggie Magner  
Kiddie Kamp Director



Rachel Czubryt  
Program Associate

*This camp complies with regulations of the Massachusetts Department of Public Health (105 CMR 430.000) and is licensed by City of Boston Board of Health.*

[www.hillhouseboston.org](http://www.hillhouseboston.org)  
(617) 227-5838



127 Mount Vernon Street  
Boston, Massachusetts 02108



## SESSION DATES & THEMES



Session 1:  
A World of Fun  
June 18th – June 22nd



Session 5:  
Trains, Planes and  
Automobiles  
July 16th – July 20th



Session 8:  
Sing, Dance, Rock and Roll  
August 6th – August 10th



Session 2:  
Under the Big Top  
June 25th – June 29th



Session 6:  
A Trip to the Zoo  
July 23rd – July 27th



Session 9:  
Under the Sea  
August 13th – August 17th



Session 3:  
Down on the Farm  
July 2nd – July 6th  
(no camp on July 4th)



Session 7:  
Fairy Tale Adventures  
July 30th – August 3rd



Session 10:  
Summer Jamboree  
August 20th – August 24th



Session 4:  
Catch a Wave  
July 9th – July 13th

## SUMMER CAMP OPEN HOUSE: THURSDAY, MAY 24TH 4:00-7:00 PM

Join Hill House's summer staff for a Camp Open House at the Firehouse, 127 Mount Vernon Street. Meet the staff, ask questions, explore our facilities and meet other camp families. Refreshments will be provided. This event is free and open to everyone!

## DROP-OFF AND PICK-UP

All campers should be dropped off and picked up on time. Before the first day of camp, please complete the Pick-Up Authorization Form and include the names of all personnel authorized to pick up your child. If an unlisted person comes to collect your child, they will be turned away.

*Please note: When picking up your child you must show a photo I.D.*

Pick-Up and Drop-Off Locations:

Monday – Thursday: Hill House, 127 Mt. Vernon Street, Boston, MA 02108.

Friday: Teddy Ebersol's Red Sox Fields, located along the Esplanade.

Drop-Off 9:00am

Pick-Up 1:00pm

If you are going to be late picking up your child, please call (617) 227-5838 ext. 10.

Please give advance notice if your child will be absent from camp.

## WHAT TO BRING

Your child should bring the following items to camp every day in a backpack that they are able to carry on their own. *Please label all the items with your child's first and last name.*

- \* Packed Lunch
- \* Snack
- \* Drinks (Water, juice or nutritional drink is recommended)
- \* Swimsuit and towel
- \* Spare set of clothes
- \* Sunscreen

*Camp is a strictly nut free zone. Please do not send products containing any type of nut.*

On their first day of camp, every camper will receive an official Hill House Summer Camp t-shirt. All personal items should be kept at home. This includes iPods, Silly Bands, video games, legos, digital cameras and similar equipment. Under no circumstances are firearms, knives, or anything else classified as a weapon allowed on Hill House property.

## SWIMMING

Weather permitting; Campers will swim every Wednesday and Friday at the Lee Memorial Wading Pool next to Teddy Ebersol's Red Sox Field on the Esplanade. The pool is 2 feet deep and provides us with American Red Cross certified lifeguards. Our summer staff is also in the pool with the campers at all times.

## WEATHER PLAN

The Camp Director and counselors have many exciting indoor activities planned for bad-weather days. If it rains, campers will stay at the Firehouse and participate in fun indoor activities such as relay races, theatre and art projects.

For daily weather updates, please call the Hill House Program Hotline at (617) 227-5838 ext. 2. The hotline will be updated every day at 7:30am and 12:30pm.

## PHONE CALLS

We are here to help and happy to answer any questions you may have. If you need to reach us during the day, please call (617) 227-5838 ext. 10. And don't worry; if there is a problem, we will call you!

## FIRST AID

All Hill House summer staff are trained and certified by the American Heart Association in First Aid, C.P.R. and AED. First Aid kits and Automated External Defibrillators are located in designated areas and all camp staff members carry First Aid kits. Copies of our emergency and medical procedures are available upon request.

## MEDICATION

Prescription medications cannot be distributed by Hill House staff. Prescription medications should be taken at home. A camper should never self-medicate. If your child has an EpiPen or any special circumstances, please contact Jillian Bracken, Program Manager & Camp Director, at (617) 227-5838 ext. 14.

## HEALTH GUIDELINES

If your child is sick, please do not allow him/her to attend camp. We want to protect our fellow campers at all times and prevent the passing of illnesses. If your child is sick and will miss camp, please contact Rachel Czubryt at (617) 227-5838 ext. 10. *If your child has had the following symptoms within the past 24 hours, please do not send them to camp:*

- \* Fever
- \* Diarrhea
- \* Nausea
- \* Runny eyes
- \* Runny nose
- \* Sore throat
- \* Symptoms of conjunctivitis
- \* Undiagnosed rashes or sores
- \* Vomiting
- \* Symptoms of childhood illnesses such as measles, chicken pox, mumps, influenza, strep throat or head lice

If your child becomes sick during the day and needs to go home, the Summer Camp Director or Program Manager will contact you immediately. Children must be picked up by an authorized individual on their pick up list.

## POLICIES AND PROCEDURES

Hill House has strict policies regarding behavior and discipline, emergencies, health care and more. All policies are in place to ensure that campers have a safe and exciting summer. All of our policies and procedures are available upon request.

If you have any concerns or wish to file a grievance, please contact Ian Moorhouse, Executive Director at (617) 227-5838 ext.18

## DO YOU HAVE ADDITIONAL QUESTIONS?

Please visit our Frequently Asked Questions page at [www.hillhouseboston.org](http://www.hillhouseboston.org).



### Hill House - Medical Form

An legal adult should complete and sign this form (signature required halfway down back side of page).  
You may use the physician section of this form (bottom half of back side), or attach your own copies.

Name \_\_\_\_\_ Birth date / / Age \_\_\_\_ M or F  
Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Home Address \_\_\_\_\_

**EMERGENCY CONTACT:** Every effort will be made to contact the parent/guardian in the event of an illness or other problem. Please indicate **2 other persons** who know you, who have **authorization for transportation**, and who may be contacted if necessary.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Telephone \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Telephone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

**ALLERGIES** List all known. Describe reaction and management of the reaction.

**Medication Allergies** (list)

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

**Food allergies** (list)

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

**Other allergies** (list) – include insect stings, hay fever, asthma, animal dander, etc.

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

**MEDICATIONS BEING TAKEN:** Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. **Prescription medications will not be distributed by the camp. Prescription medications should be taken at home. Under no circumstance should a camper self medicate.**

- This person takes NO medications on a routine basis.
- This person takes medications as follows: (Attach additional pages if needed for more medications)

**Med # 1** \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

**GENERAL QUESTIONS** (explain yes answers on a separate sheet of paper): Has/does the participant:

- |  |     |                                   |     |
|--|-----|-----------------------------------|-----|
| 1. Had any recent injury, illness or infectious disease? | Y N | 8. Ever been hospitalized?        | Y N |
| 2. Have a chronic or recurring illness/condition?        | Y N | 9. Ever had seizures?             | Y N |
| 3. Wear glasses, contacts or protective eye wear?        | Y N | 10. Have diabetes?                | Y N |
| 4. Have any skin problems (e.g., itching, rash, acne)?   | Y N | 11. Have asthma?                  | Y N |
| 5. Had any problems with diarrhea/constipation?          | Y N | 12. Have a history of bedwetting? | Y N |

**OFFICE USE ONLY:**

► RECEIVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

- (Circle One)
- Parent/ Guardian Signature YES NO
  - Licensed Medical Personnel Signature YES NO
  - Completed Immunization Record (within 2 years) YES NO

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician \_\_\_\_\_ Office Phone: \_\_\_\_\_ Location \_\_\_\_\_  
Name of family dentist/orthodontist \_\_\_\_\_ Office Phone: \_\_\_\_\_ Location \_\_\_\_\_

**SIGNATURE REQUIRED HERE: PLEASE READ CAREFULLY.**

This health history is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted. **Authorization for release of information.** I hereby authorize The Hill House, Inc. to obtain and/or release whatever educational, psychological, or medical information and records as deemed necessary. **Authorization for Routine Medical Treatment:** I hereby authorize the Camp to give routine medical care as outlined in the standing orders for the camp. **Emergency Authorization:** I hereby give permission to the medical personnel selected by the Camp Director or Executive Director to order x-rays, routine tests, and treatment for me, I hereby give permission to the physician selected by the camp director or Executive Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me as named above. This form may be photocopied for use out of camp. I will assume all financial responsibilities for emergency treatment for me not covered by the camp medical insurance.

► Signature of Parent/Guardian (if participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_  
*Participants 18 or older may sign this form on their own behalf.*

**PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD TO THIS FORM.**

**PHYSICIAN SECTION BELOW**

**Physician must fill out and sign this section.** (Or, you may attach a copy of a **signed** physical done in the 24 months prior to camp which includes all this information.) **Immunizations** must also be completed by physician unless you attach an immunization history.)

► SIGNATURE, LICENSED MEDICAL PERSONNEL \_\_\_\_\_ DATE \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician \_\_\_\_\_ Office Phone: \_\_\_\_\_ Location \_\_\_\_\_  
Name of family dentist/orthodontist \_\_\_\_\_ Office Phone: \_\_\_\_\_ Location \_\_\_\_\_

I examined this individual on \_\_\_\_\_ (month/day/year). BP \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

**In my opinion, the above applicant  IS  IS NOT able to participate in an active camp program.**  
The applicant is under the care of a physician for the following conditions:

**Recommendations and Restrictions at Camp**

Treatment to be continued at camp \_\_\_\_\_

Medications to be administered at camp (name, dosage, frequency) \_\_\_\_\_

**IMMUNIZATION HISTORY.** Please give all dates of immunization for the following:

Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr

|                         |       |
|-------------------------|-------|
| DTP                     | _____ |
| TD (tetanus/diphtheria) | _____ |
| Tetanus                 | _____ |
| Polio                   | _____ |
| MMR                     | _____ |
| or Measles              | _____ |
| Mumps                   | _____ |
| Rubella                 | _____ |
| Haemophilus influenza   | _____ |
| Hepatitis B             | _____ |
| Varicella (chicken pox) | _____ |

► SIGNATURE, LICENSED MEDICAL PERSONNEL \_\_\_\_\_ DATE \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

# HILL HOUSE SUMMER KIDDIE KAMP RELEASE FORM

**PARTICIPANT'S NAME:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

## GENERAL RELEASE

I, the parent/guardian of the participant, do hereby give permission for my child to participate in the Hill House Summer Camps program and agree, on behalf of myself, my child, my assigns, executor and heirs, to release, indemnify and hold harmless Hill House, Inc., affiliated organizations and sponsors and trustees, officers, agents, instructors and employees of each of them (collectively, "Hill House") from any cause of action, claims or demands, of any nature whatsoever, including but not limited to any claims of negligence, while I, my child, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against Hill House on account of personal injury, injury to my child, property damage, death or accident of any kind arising out of or in any way related to his/her presence at or participation in any event, program or activity, including, without limitation being instructed in using equipment for or participation in any program/activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian

## ENROLLMENT AGREEMENT

I acknowledge that I have received and read in full the Family Welcome Guide, which pertains to my child's camp. I understand all policies and procedures outlined in this document, including but not limited to drop off and pick up time, medication policies, and what to pack for my child each day of camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian

## MEDIA RELEASE

I hereby give permission for images of my child, captured during regular and special Hill House activities through video, photo and digital camera, to be used solely for the purposes of Hill House, Inc. promotional material and publications including the organization's Web site, and waive any rights of compensation or ownership thereto.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian

## PICK-UP/ DROP-OFF RELEASE

I acknowledge that I am responsible for dropping off my child at a Hill House program/activity and for picking up my child at the scheduled conclusion of a Hill House program/activity, and that Hill House is not responsible for supervising my child prior to or after the scheduled conclusion of any program/activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian

## HEALTH INSURANCE COVERAGE

I, the parent/guardian have adequate health and accident coverage for my child. I agree to advise Hill House of any changes in the health status of my child if any occur during the term of the program/activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian

## POOL RELEASE

I/we, the parent(s) or guardian(s) of \_\_\_\_\_ do hereby give permission and approval for such child to participate in the recreational "free swim" sessions to be held at the outdoor pool at the Lee Memorial Wading Pool, 280 Charles Street, Boston, Massachusetts in connection with his/her enrollment at the summer program sponsored by Hill House, Inc. I/we hereby release, discharge and otherwise indemnify the Department of Conservation and Recreation (DCR) and its employees, officers, trustees and personnel and other agents from and against any loss or claim for injury, death or damage resulting from the named enrollee's participation in such sessions. We understand and acknowledge that the DCR is providing the facilities only and that Hill House, Inc. is solely responsible for all programming and supervision.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian



## HILL HOUSE SUMMER KIDDIE KAMP PICK UP AUTHORIZATION FORM

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

I authorize the following people to pick-up my son/daughter named above from Hill House. I understand that they must show a photo ID when picking up my child. I agree that if a person is not listed below, the director will not allow the child to leave Hill House until written authorization is received.

Parent/ Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### AUTHORIZED INDIVIDUALS

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

Relationship to child: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_