

JSLA Week(s)	Program (Discovery, Explorer, Expedition, Squam Conservation Corps)	
CYSP Week(s)	Beginning/Intermediate	Morning/Afternoon

MEDICAL FORM

NOTE: Your Physician may use his/her own form as long as it contains the following information:

Name of Child _____ Date of Birth _____ Sex _____

Parent or Guardian _____ Phone _____

Address – permanent _____

Address – summer _____ Dates _____

Emergency Contact _____ Phone _____

Insurance Company _____ Policy # _____

Allergies: _____

Special medical conditions: _____

Medication: _____ Dosage: _____ Specific times taken: _____

Reason for taking: _____ Side Effects: _____

Other considerations, especially any relating to JSLA or SCC overnight trips:

Vaccine..... Initial Inoculation Date _____ Booster Date _____

Tetanus/Diphtheria/Pertussis... _____

Measles/Mumps/Rubella _____

Polio... _____

..... _____

PHYSICIAN’S CERTIFICATION

I certify that _____ has received a physical examination within one year prior to entrance to camp. Any conditions that would preclude or limit this camper’s participation in SLA activities are listed above.

Physician’s Signature _____ Date _____

Physician’s Name _____

Physician’s Town, State and Phone # _____

Child's name: _____ Group Name & Week _____

Please read and sign form even if this does not apply to your child.

**POSSESSION AND USE FORM
FOR
EPINEPHRINE AUTO-INJECTOR OR ASTHMA INHALER**

Child's Name: _____

Child's Date of Birth: _____

Camp Attendance Dates: _____

Name of Medication: _____

Route of Medication: _____

Dosage of Medication: _____

Frequency & Time of Medication Assistance: _____

Date of Order: _____

Diagnosis and any other medical conditions requiring medications: _____

Specific Recommendations for Administration: _____

Any special side effects, contraindications or adverse reactions to be observed: _____

Name of each required medication: _____

I/we certify that the child may possess and use an asthma inhaler or epinephrine auto-injector (circle one) at any camp sponsored event, activity or program and I/we certify that the child has the knowledge and skills to safely possess and use an asthma inhaler or epinephrine auto-injector (circle one) in a camp setting.

Name of **Licensed Prescriber**: _____ Date: _____

Signature: _____

Business Telephone: _____

Emergency Telephone: _____

Name of **Parent or Guardian**: _____ Date: _____

Signature: _____

Business/Daytime Telephone: _____

Emergency Telephone: _____

Not Applicable Status:

Signature: _____ Date: _____

LEGAL FORM

Child's name: _____ Group Name & Week _____

PERMISSION AND INDEMNITY

I give permission for my child, named above, to participate in any and all Squam Lakes Association youth program activities, including day trips and overnights. I understand that these activities will include automobile travel, boating, hiking, sailing, swimming, team sports, and other activities which create some risk of injury.

In consideration of the opportunity for my child to participate in youth program activities, I, for myself and on behalf of my child, release the Squam Lakes Association, its employees, volunteers, directors and officers, and the owners and operators of vehicles and water craft and the owners and lessees of land where youth program activities occur, from all liability for any personal injury, bodily injury, property damage, and loss of any kind (including attorney's fees) occurring to my child in connection with my child's participation in youth program activities. I also agree to indemnify the same persons and organizations from all liability for any personal injury, bodily injury, property damage, and loss of any kind (including attorney's fees) caused to anyone by my child.

Please initial: _____

AUTHORIZATION FOR EMERGENCY HOSPITALIZATION AND SURGERY

I give permission for such diagnostic, therapeutic and operative procedures to be performed by a duly licensed physician or surgeon as the said doctor shall have deemed necessary for my child, named above, with the understanding that no operation will be performed except in extreme emergency without a reasonable effort on the part of the Squam Lakes Association to contact the responsible parent or guardian by telephone or other expedient means.\

Please initial: _____

PARENT/ GUARDIAN ASSUMPTION OF RESPONSIBILITY

I hereby certify that my child, named above, has no limitations which would preclude his/her participation in the Squam Lakes Association youth program activities.

Please initial: _____

MEDIA RELEASE

I authorize and consent to the use of photos / videos taken of my child without present or future compensation in newspapers, newsletters, and the website or in other ways to inform the public about the Squam Lakes Association.

Please initial: _____

Parent/Guardian Signature

Date

Parent/Guardian (Print name)

Child's name: _____ Group Name & Week _____

Our summer youth programs involve outdoor recreation activities and we strive to operate our programs in a manner that is both safe and enjoyable to all involved. If your child has exceptional behavioral, emotional, learning and/or physical needs, it is helpful to have as much honest and forthright information about them as possible. Please share with us any circumstances that might affect your child's participation in our youth program activities and their interaction with other campers and staff.

Has your child been diagnosed with any type of behavioral, emotional, learning and/or physical disability? If so, please describe the disability and explain how it is best handled.

Does your child require a special aide or similar consideration at their school? If so, please explain the type of assistance your child obtains and whether accommodations for assistance would be required for our youth program activities.

Is there anything in your child's life presently that might affect his/her experience participating in our youth program activities, i.e. particular family situation, recent physical problem or illness, a fear of certain things or situations, etc.? If so, please describe.

Parent/Guardian Signature

Date

Parent/Guardian (Print name)

Child's name: _____ Group Name & Week _____

The following persons are permitted to pick up my child at Squam Lakes Association youth program activities:

Authorized person

Phone number

Authorized person

Phone number

Authorized person

Phone number

Authorized person

Phone number

I give my permission for the above listed persons to pick-up my child, named above, from Squam Lakes Association youth program activities. If the authorized person(s) are unable to pick up your child, you will need to send a note with a signature or call the office. **Please have the authorized person bring identification.**

Parent/Guardian Signature

Date

Parent/Guardian (Print name)

SUMMER YOUTH PROGRAM EQUIPMENT CHECKLIST

THINGS YOU WILL NEED EVERY DAY

- _____ **Bag lunch (non-campout days)**
- _____ Healthy snacks – fruit, granola bars, trail mix
- _____ Water bottle – 1 quart minimum

- _____ Day pack
- _____ Bathing suit and towel

- _____ **Rain Gear**
- _____ Sweatshirt or windbreaker
- _____ Hat
- _____ Sunscreen

- _____ **Good sneakers** or lightweight hiking boots (Broken in!)
- _____ **Water shoes** or waterproof sandals
- _____ Extra pair of socks

ADDITIONAL THINGS YOU WILL NEED FOR OVERNIGHT CAMPING

- _____ **Sleeping bag**
- _____ Pad (foam, etc. for under sleeping bag)
- _____ Cup, bowl, plate, fork, spoon (marked with name)
- _____ Flashlight (new batteries)
- _____ Long pants, warm Fleece top
- _____ Extra pair of socks
- _____ Large backpack (for multi-night campouts only)

Remember to leave your electronics at home! Please note: If a camper brings any electronic device to camp, we will store it in a secure location until the end of camp.

Please contact us if you have any questions:

Squam Lakes Association
P.O. Box 204
Holderness, NH 03245

Phone: (603) 968-7336
E-mail: info@squamlakes.org