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*Why Summer Camp?*

 Parents want what’s best for their children, and camp is one of the best experiences to make a positive impact on a child’s life. "Camp is one of the few institutions where young people can experience and satisfy their need for physical activity, creative expression and true participation in a community environment. Most schools don't satisfy all these needs." – *Peter Scales, Ph.D., noted author/educator, and Senior Fellow, The Search Institute*

**GRADES**: All registrants must be entering between 1st - 8th grade in the 2024 - 2025 school year. Proof of current grade may be required for students at the time of registration. Current report card is acceptable. If your child is found to be in the wrong grade division, we reserve the right to remove them or cancel them from the program if they do not meet the grade requirement.

 **Youth Camp (1st - 5th Grade):** Youth camp will have pickup and drop off at the Playground Pavilion located in the back by the upper fields. Youth Camp will be taking weekly trips on Tuesdays to Kingston Recreation’s Private Beach access.

 **Adventure Camp (6th - 8th Grade):** Teen camp will have pickup and drop off at the Archery Pavilion located next to the Basketball Court. Adventure Camp will be taking weekly trips on Mondays to Kingston Recreation’s Private Beach access.

**SCHEDULE:**  Summer Camp is active during the school summer vacation break, beginning Monday, June 24th through Friday, August 16th. Summer Camp is held Monday-Friday, 9:00am-4:00pm at the Brentwood Recreation Complex (rain or shine) on 190 Route 125, Brentwood, NH 03833. There is no camp on Thursday, July 4th and Friday, July 5th.

**Typical Day Schedule**: The start of everyday will begin with low energy activities followed by a morning circle. After the morning circle there will be a collection of a snack break, day themed activities, arts & crafts, games, and more. Lunch begins at noon and after lunch water games will be held pending weather. After water games, more themed activities will continue until the end of the day. After an afternoon snack break the counselors will have more activities planned until campers are picked up at 4pm.

**BEFORE/AFTER CARE:**

**Before Care:** Monday-Friday, 7:30am-9:00am. All Pre-Camp drop offs (prior to 9:00 am) will take place at the Playground Pavilion or the Community Center, depending on the weather. If you are in need of this package, please reach out to the Recreation Department to get your child registered.

**After Care:** Monday-Friday 4:00pm-5:30pm. All aftercare campers will be picked up at the Basketball Court or inside the Community Center, depending on weather/after care activities. If you are in need of this package, please reach out to the Recreation Department to get your child registered.

**REGISTRATION**: Registration begins for Brentwood Residents on Thursday, February 1st, 2024. (**Residents may be asked to show proof of residency**) Registration for Non-Residents will open on March 1st, 2024. Registration is accepted in person or online. We may announce, AT ANY TIME, during the registration that a cap, or limit, has gone into effect, then a waiting list will be taken.

**Please submit registration with all accompanying forms:**

 1.) MEDICAL TREATMENT & AUTHORIZATION FORM

2.) BEHAVIOR MANAGEMENT POLICY

3.) SUMMER CAMP CONSENT FORM

4.) PICK-UP PERMISSION SLIP

5.) PROOF OF RESIDENCY.

**Deposit:** A deposit of $100 is due at registration. A refund request must be submitted in writing to the recreation director.

**Late Pickup Fees:** Anyone that has registered for Aftercare and picks up their child after 5:30 pm will be required to pay a $10 late fee. If late pick up occurs 3 or more times, the Recreation Department will speak with the family and they could lose their child’s privilege to attend the after care. Anyone that is not using Aftercare and picks up their child after 4pm families will be required to pay a $10 late fee. If late pick up occurs 3 or more times, the Recreation Department will speak with the family and they could lose their child’s privilege to attend camp.. No refunds will be issued for payments if privileges are revoked. This policy is subject to the master time held by the Brentwood Recreation Department. Please sync your personal watches to ours to make sure you know what time it is at camp.

**PICK-UP AND DROP OFF TIMES:** STAFF IS ON DUTY AT 7:30AM, UNTIL 5:30PM. Students must be picked up by a previously assigned parent/guardian, see “Pick-Up Permission Slip”. **A staff member may request a proof of identification from the parent/guardian prior to leaving with a child**. In the event of an emergency, the parent/guardian must call the Summer Camp Director, or the Recreation Director before the child can be released in the custody of someone other than the adults named on our, “Pick-up Permission Slip” form. **Please be prepared for this policy should this situation arise with your child!** The Brentwood Recreation Department reserves the right to prevent any child from leaving the premises until an adult is adequately identified. This ruling is in effect for your child’s protection. **The B.S.C. staff has been instructed to notify police upon an adult’s refusal or inability to show proper identification**. If a camper is not to be released to, or visited by any certain person(s), a copy of the legal document (i.e.: a restraining order) to that effect must be submitted to the Brentwood Recreation Department.

**MEDICATIONS**: Students requiring medication during the camp day MUST be responsible for carrying, remembering and administering their own medications. **NOTE: any child who requires an Epi-Pen in the event of a bee sting or other allergy MUST be able to administer his or her self to be permitted to register and they must bring a complete kit with them each day to attend B.R.C. NO EXCEPTIONS!** Please bring any potentially serious allergy or medical condition to the attention of BRD (Brentwood Recreation Dept.) staff upon registration.

**CAMPER MEDICAL INSURANCE:** It is the responsibility of the parent or guardian to provide accident and health insurance coverage for their child. The parent or guardian is responsible for all charges and fees for emergency medical treatment.

**ON-SITE EMERGENCY PROCEDURES:** If a major or life-threatening injury or accident occurs during camp hours, it will be handled in the following manner:

* 911 will be called immediately.
* The parent/guardian will be notified.
* Based on the professional decision of the EMT unit, the child may be transported to the closest medical facility for immediate care or the EMT may advise the parent/guardian or program staff as to how to treat or care for the child.
* In the event of an emergency or natural disaster, the following procedures will be in effect:
	+ Children will remain on site until an authorized person picks them up.
	+ In the event of a site evacuation, children will be taken to the community center. Efforts will be made to contact parents/guardians should evacuation be necessary.
	+ Staff will remain with the children until an authorized person arrives.

**SICK/ABSENT**: It is mandatory to call the recreation office when keeping your child home sick. DO NOT SEND A SICK CHILD TO CAMP! If a student stays home sick, that camper will not be allowed to attend Summer Camp until a doctor’s note is provided to the Brentwood Recreation Department. If a child becomes sick while at camp, the child’s parents or guardian will be contacted immediately and asked to pick up their child. If the parent or guardian cannot be reached the emergency contact will be notified.

**COMMUNITY CENTER:** The Community Center will be available to campers for specific camp activities, bathrooms when necessary, and shelter during inclement weather. The community center includes a kitchen, where some cooking activities may be run.

**DRESSCODE**: All shirts must cover the navel. Any graphics on clothing depicting violence, alcohol, illegal substances are prohibited. Please ensure that campers have a pair of closed toe shoes to participate in hikes, sports, activities and more. Sandals are allowed but should be reserved for water games/activities. **Please be sure to label all items!**

***WHAT TO SEND:***

We STRONGLY recommend that your child come each morning with the materials needed to participate in their daily activities.

* Backpack
* Lunch, Snacks (am & pm snack), Water Bottle(s)
* Swimsuit, a towel, and a Change of Clothes
* Sneakers
* Sun Screen (spray sunscreen is recommended)

***WHAT NOT TO SEND:***

* Valuable items or objects having personal or sentimental value, especially jewelry
* Unnecessary Electronics of any kind (including, but not limited to, hand-held video games, cell phones, music players).
* Card decks of any kind should remain home.
* The possession of weapons (including knives and camping tools), drugs, alcohol, or cigarettes will be cause for immediate expulsion from camp.

**Also, personal items (Phones, Electronic Devices, Toys, Trading Cards, etc.) are prohibited!** The BRD, town of Brentwood and their staff and representatives are not responsible for items missing, damaged, or stolen within their programs or facilities.

**STAFF**: The Staff is carefully selected to ensure a safe, healthy, entertaining, and educational environment for your children. All camp staff are certified in First Aid, CPR, and AED training. The camp shed is equipped with First Aid supplies for minor injuries (cuts, scrapes, stings, etc.), and counselors carry a small kit of supplies at all times.

* Staff will maintain incident reports. These reports document injuries, any First Aid rendered, and behavioral issues. Any incidents handled by Camp Staff will be reported to the parent/guardian.
* Staff will carry two-way radios when on-site and will have the ability to contact the Recreation Director, Summer Camp Director, or other Staff at all times.
* In cases of incidents or accidents, the appropriate staff member(s) will fill out a written report and document all actions taken and correspondence made with supervisors and the parents of those children involved. Please notify us if there are ever any changes or additions to your contact information.
* Staff will administer basic First Aid, and in the event of a minor injury will follow the On-Site Emergency Procedure for major injuries.

**LUNCH/DRINKS/SNACKS:** All parents/guardians are responsible for providing their children with adequate and nutritional lunch and snack items. Camp runs from 9am-4pm, Students will be very hungry at lunch and snack breaks. If possible, pack lunches in small cooler-style or insulated bags/boxes. We encourage your children to bring a refillable water bottle with them so they can refill throughout the day. Brentwood Recreation, the Town of Brentwood and school department, their staff and representatives are not responsible for money missing or stolen within their programs or facilities. Children will be responsible for their own money.

**CAMP BOUNDARIES**: Boundaries are both physical and visual. Tree lines will provide most physical boundaries. Visual/conceptual boundaries such as when we say, “The dirt road is off limits” or “no trail walking”, are examples of directives that the camper should realize are places they should not be. Leaving the boundaries of camp without express permission is a violation of our ***Behavior Management Policies***.

**PLAYGROUND**: The playground will be accessible during camp hours and will be supervised in groups within the different ages. All Students are reminded of the safety rules for being allowed on the playground and are subject to the ***Behavior Management Policies.***

**SNACK SHACK:** The Camp Director can be located here. If paperwork needs to be updated, new forms can be filled out and dropped off. There will be a drop box located at the snack shack that parents and guardians can use if the camp director is not at the snack shack. The lost and found bin will also be located here.

**Check-In/Check-Out:** Youth camp will have pickup and drop off at the Playground Pavilion located in the back by the fields. Teen camp will have pickup and drop off at the Archery Pavilion located next to the Basketball Court. During inclement weather, drop off/pick up will be inside the rec center.

**SHED/GARAGE**: All equipment and supplies pertaining to the camp will be stored there. The shed is off limits to all campers.

**PORTABLE TOILETS:** Port-o-lets will be situated near the Castonguay Pavilion and snack shack. All campers must ask/tell a counselor before heading to the bathroom so they can be escorted to the area.

**CAMP ACTIVITIES:** Brentwood Recreation Department will offer a variety of activities throughout the day. If your child does not like a scheduled activity, or cannot participate because of a medical condition, we will have other options for them to participate in. It is our goal to make each child feel comfortable, while having fun in a safe and nurturing environment. However, we do encourage kids to try the scheduled activities because we believe that achieving goals and overcoming (small) obstacles are conducive to broadening our skills, improving our self-esteem, and increasing our self-motivation.

**FIELD TRIPS:** Each Child has the opportunity to attend any field trip. **Camp T-shirts are required on ALL FIELD TRIPS**, for easy identification and security purposes. If they do not wear their camp tee shirt on a field trip day, they will not be permitted to go.

If your child does not wish to attend an off site field trip, there is a stay back option, with planned activities, but we do encourage parents to sign up their children for all or most of the field trips being offered. If there are not enough kids utilizing the staying back option from a field trip, the Brentwood Recreation Summer Camp reserves the right to cancel the stay back option for specific trips.

The Brentwood Recreation Summer Camp reserves the right to substitute a field trip for a comparable one. The Brentwood Recreation Summer Camp may cancel a field trip for any reason and issue you a refund at the end of the summer. The Brentwood Recreation Department reserves the right to prohibit any camper from attending a field trip due to inappropriate behavior. A refund will only be granted if there is a waiting list. Campers arriving after a field trip has departed will not be allowed to participate in that trip if someone from the waiting list has replaced them. A refund will only be granted if a replacement was made.

Refunds will be issued only if you have given us a call or email 24 hours prior to the field trip day. If your child is sick and unable to attend, the 24-hour rule does not apply and a refund will be issued. If inclement weather is a concern, we will use our best judgment; we will make every attempt to continue with the field trip. However, if a field trip is canceled due to inclement weather, a refund will be issued if the trip can’t be rescheduled.

**2024 Potential Field Trips and Activities Lineup:
Youth Camp:** Kingston State Park, Pawtuckaway State Park, Captain’s Cove Mini Golf, O’Neil Cinemas, Bowling, Fisher Cats Baseball, UNH Little Red Wagon, BJ Hickman Magician, Wildlife Encounters, and Martial Arts.

**Teen Camp:** Offsite Hike, Biking Trips, Kayak/Canoe Trip, Frisbee Golf, O’Neil Cinemas, Captain’s Cove Mini Golf, Bowling, Hampton Beach, Fisher Cats Baseball, Laser Tag, Portsmouth Escape Room, and Wildlife Encounters.

**Camper Information**

*Parent/Guardian Communication*

Communication, cooperation, and teamwork are a critical part of the Parent/Guardian-Camp relationship. Our staff appreciates parents/guardians who keep us informed of their child’s special circumstances or any transitions in the home life. This keeps us updated and sensitive to your child’s needs.

**Parents must contact the Recreation Office when:**

* Information on your registration has changed.
* Someone other than those listed on your child’s application will be picking your child up. Please send a note or give us a call to let us know.
* A child is not able to be picked up on time.
* An accident or change occurs in your child’s life that alters his/her attitude or behavior or causes severe distress.
* Emotional upset (i.e. divorce, loss of a pet, death in the family).
* Your child is contagious (i.e. head lice, pink eye, chicken pox).

**Parents will be contacted immediately when:**

* Your child has received an injury which could require immediate medical attention and/or EMT’s have been called. We ask that if we do have to contact you regarding an emergency that you would immediately come and attend to your child.
* Your child exhibits a medical condition which could be contagious or threatening to others in camp. (Covid)
* Your child is ill and is unable to participate in daily activities.

**Parents will be notified at pick up time when:**

* Your child receives a minor injury that does not require the service of a professional in the medical field.
* Your child complains of a non-emergency condition or symptom.
* Your child exhibits unusual behavior.
* An incident/accident report was documented regarding your child
* We want to share your child’s accomplishments

**Summer Camp Cost Breakdown**

Important Dates:

* First Day - June 24th
* Last Day - August 16th

Camp will operate 5 days a week, except for Thursday, July 4th and Friday, July 5th.

Camp Hours: 9:00 am - 4:00 pm

Before Care Hours: 7:30 am - 9:00 am

After Care Hours: 4:00 am - 5:30 pm

Payment Process: $100 due at Registration. Paid in Full by June 1st

The Below Cost does not include field trips.

Summer Camp schedule is subject to change. Camp schedule is based off of the SAU 16 school calendar.

**Residents:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Before June 1st** | **After June 1st** | **Before Care** | **After Care** |
| **Full Summer - 8 Weeks** | **$850** | **Full Summer - 8 Weeks** | **$900** | **$225** | **$225** |
| **Half Summer - 4 Weeks** | **$500** | **Half Summer - 4 Weeks** | **$600** | **Field Trip Package Before June 1st** | **Field Trip Package After June 1st** |
| **Weekly** | **$150** | **Weekly** | **$175** | **TBD** | **TBD** |

**Non-Residents:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Before June 1st** | **After June 1st** | **Before Care** | **After Care** |
| **Full Summer - 8 Weeks** | **$900** | **Full Summer - 8 Weeks** | **$950** | **$250** | **$250** |
| **Half Summer - 4 Weeks** | **$550** | **Half Summer - 4 Weeks** | **$650** | **Field Trip Package Before June 1st** | **Field Trip Package After June 1st** |
| **Weekly** | **$175** | **Weekly** | **$200** | **TBD** | **TBD** |

**Campers Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Week Registration Chart**\*Check The Boxes Below That You Are Signing Up For\* |
| **Weeks** | **Before Care** | **After Care** |
| **1** |  | **1** |  | **1** |  |
| **2** |  | **2** |  | **2** |  |
| **3** |  | **3** |  | **3** |  |
| **4** |  | **4** |  | **4** |  |
| **5** |  | **5** |  | **5** |  |
| **6** |  | **6** |  | **6** |  |
| **7** |  | **7** |  | **7** |  |
| **8** |  | **8** |  | **8** |  |
| **Full Camp** |  | **Full Camp** |  | **Full Camp** |  |

**BEHAVIORAL MANAGEMENT POLICY**

**Town of Brentwood Recreation Department
Parent/Guardian and participating child must read, understand and sign this form.**

**Discipline will be constructive in nature and include techniques such as:**

1. Using limits that are fair, consistently applied, appropriate and understandable to your child's level
2. Providing your child with reasons for limits
3. Giving positively worded directions and redirecting your child to acceptable behavior
4. Helping your child to constructively express his/her feelings and frustrations to resolve conflict ![MCj03892780000[1]]()

*The program staff will not use any type of physical or verbal abuse as a disciplinary measure.
The following are the offenses and consequences that will be taken.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFENSES:** | **1st** | **2nd** | **3rd** | **4th** | **5th** |
| Verbally threaten to use guns, knives or any weapon to harm another | Immediate Expulsion from program NO REFUND |   |   |   |   |
| Possession of a weapon |   |   |   |   |
| The use of drugs and/or alcohol  |   |   |   |   |   |
| Stealing | Write Up Parents notified 2 day suspension Damage restitution | Expulsion from Program Damage restitution NO REFUND |   |   |   |
| Willful destruction of property |   |   |   |
| Physically harming another person  |   |   |   |
| Physical fighting |   |   |   |
| Bullying  |   |   |   |   |   |
| *(Physical or verbal)* |   |   |   |   |   |
| Disrespect of staff | Write Up Parents notified Damage restitution | Write Up Parents notified Damage restitution 2 day suspension NO REFUND | Expulsion from Program Damage restitution NO REFUND |   |
| Found out of program boundaries |
| Cursing |
|   |   |
| Careless damage to REC property |   |   |   |
| Inappropriate Language |  Verbal Warning |  Write Up Parent notified |  Write up Parents notified Discussion of suspension |  Write Up Parents notified 2 day suspension NO REFUND |  Expulsion from program NO REFUND |
| Breaking Playground Rules |
| Breaking Program Rules |   |
|   |   |   |   |   |

***Bullying*: Bullying includes a wide variety of behaviors, but all involve a person or a group repeatedly trying to harm someone who is weaker or more vulnerable. It can involve direct attacks (such as hitting, threatening or intimidating, maliciously teasing and taunting, name-calling, making sexual remarks, hazing and stealing or damaging belongings) or more subtle, indirect attacks (such as spreading rumors or encouraging others to reject or exclude someone).
*Physically harming another person:*  includes but not limited to – hitting, biting, kicking & slapping
*Breaking program rules*: includes but not limited to defiance, uncooperativeness, insubordination, unruliness**

*I have read and understand the above policy. I assume the responsibility for insuring that my child is aware of this policy and the consequences of his/her actions should there be any such offense.*

|  |  |
| --- | --- |
| *Parent/Guardian Signature:*  | Date:  |
| Participant Name:  | Age:  |
| *Participant Signature:*  | Date:  |

**Brentwood Recreation Summer**

**Camp Consent Form**

Student’s Name: Grade: 

 ***Authorization to view G Movies Only***

 I give my permission for the above-named child to watch G movies only during the summer program.

 

Signature of Parent or Guardian & Date

 ***Authorization to view G/PG Movies Only***

 I give my permission for the above-named child to watch G & PG movies only during the summer program.



Signature of Parent or Guardian & Date

 ***Authorization to participate in Off-Site Walks (BRC Hiking Trails)***

 I give my permission for the above-named child to participate in supervised off-site walks through the Brentwood Recreation Complex hiking/walking trails.

 

Signature of Parent or Guardian & Date

***Authorization to participate in Photography (BRC Promotional Uses)***

 I give my permission for the above-named child to be photographed during Brentwood Recreation Summer Camp for future promotional uses.

 

Signature of Parent or Guardian & Date

**Pick-Up Permission Slip**

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

In the event that you cannot pick up your child(s) from the program listed above, please provide the names of the individuals we can release your child(s) to on file.

***The adult that picks up your child MUST BRING A PHOTO ID with them or they WILL NOT be able to pick up your child.***

**Please print in clear & legible handwriting**

**Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Guardian’s Name/Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father/Guardian’s Name/Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**













Parent/Guardian Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brentwood Recreation Department**

**Medical Treatment & Medical Authorization Form**

**Town of Brentwood Recreation Department**

**1 Dalton Rd. Brentwood, NH 03833**

**603-642-6400 ext. 120**

EMERGENCY MEDICAL TREATMENT AUTHORIZATION OR REFUSAL

In the event I, cannot be reached in an emergency requiring medical treatment for my child, , I hereby give my consent to employees of the Brentwood Recreation Department to secure proper emergency treatment and transportation of my child as deemed necessary.

The Brentwood Recreation Department requires the following information regarding medication needs of participants in Brentwood Recreation programs. Please note the following policies:

1. Each medication (i.e. prescription and over the counter) to be taken or medical devices/procedures/inhalers/Epi-pens) used during program hours will remain the child’s possession to be placed in the same location of the child's backpack each day.
2. Camp staff is not authorized to administer medication. They will remind and supervise the taking of medication for the participant and medication listed below.
3. Parents/Guardians are solely responsible for ensuring the adequate medication is provided in a secure container labeled with your child’s name, the name of the medication, the dosage amount, and the time or times to be taken.
4. Medical personnel are not provided at our programs.

Participant Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Medication #1: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Dosage Amount of Medication # 1: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Frequency of Dosage for Medication # 1: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Time(s) to be taken during program hours: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Duration of treatment: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Possible side effects and adverse reactions (if any): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other Information: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Health Care Prescriber: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Medication #2: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Dosage Amount of Medication # 1: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Frequency of Dosage for Medication # 1: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Time(s) to be taken during program hours: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Duration of treatment: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Possible side effects and adverse reactions (if any): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other Information: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Health Care Prescriber: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Medication #3: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Dosage Amount of Medication # 1: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Frequency of Dosage for Medication # 1: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Time(s) to be taken during program hours: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Duration of treatment: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Possible side effects and adverse reactions (if any): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other Information: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Health Care Prescriber: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent’s Printed Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cell Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Home Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| *Parent/Guardian Signature:*  | Date:  |
| Participant Name:  | Age:  |
| *Participant Signature:*  | Date:  |

**I have read and understood the guidelines/policies/procedures stated above in this document:**



Parent/Guardian(s) First & Last Name(s):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address (City, State, Zip Code):
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Work Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Emergency Contact Name/Phone Number:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name | Last Name | M/F | DOB | Grade | Camp Program  | Fee |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|  |  |  |  |  |  **Total Fees:** |   |

Doctor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Doctor’s Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please list any allergies or special needs/limitations: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check line if you do not give consent to being photographed during Brentwood Recreation programs:\_\_\_\_\_\_** **\*\*\*Please make checks payable to: BRC\*\*\***