

Girls Inc. of the Berkshires ~ Camp Stevenson-Witawentin
a program of the Gladys Allen Brigham Community Center



Inspiring all girls to be
strong, smart, and bold

To: Parents/Guardians
From: Sarah Gillooly, Camp Director
Date: Spring 2022
Subject: **CAMP STEVENSON-WITAWENTIN ~ Girls Day Camp Registration**

**Important
Please Read Carefully**

Welcome to the 2022 camp season! I am looking forward to another fun and exciting summer! Please read the following carefully, there is important information about registrations, what's needed before your child can begin camp, and what to send your child with. Also, take your time to fill out the registration, if it is incomplete, it will delay processing and your child will not be able to start without required information (i.e., signatures, signed health form, immunization records, etc.).

We continue to operate under DPH/EEC protocols related to COVID-19. Enclosed is our most up to date information titled "Gladys Allen Brigham Community Center, Inc. Camp Stevenson-Witawentin Updated Covid-19 Protocols & Closure Information".

Once again, this year free breakfast and lunch is provided through a collaboration with the Pittsfield Public School Summer Food Program! 🍴

Registration forms must be turned in by 10am Thursday of the week before you want your camper to begin. Please contact the camp director to ensure space before submitting completed registrations.

When filling out the camp forms please remember to complete all sections and sign wherever necessary (more than one location).

- ✓ **Fill out ALL of the Information.** If your registration is incomplete your child(ren) will not be able to attend. Transportation page indicating desired bus stop and or time your camper will be dropped-off and picked-up and the make/model and plate # of any vehicles.
- ✓ **Complete the Health Form with Current Physical & Immunization History:** If your child has not had a physical within the last 18 months, one is required before they can attend camp and proof of physical is required. Health form must include parent signed health history and up to date immunization history. Without proper immunizations your camper will not be able to attend per Health Department regulations. Please see parent handbook for more information about required immunizations. If you have any questions about this, please contact the camp director.
- ✓ **Indicate Transportation Needs:** Campers arrive to camp via the bus from 4 different stops throughout the city or via their own transportation. You can find the bus stops and times on the backside of the transportation page. *The stops and times have changed from last year (we have reduced the bus run to the most popular stops.),* but please keep in mind that like most busses, they are not always on time, please give or take 10-15 minutes on either end. Campers may be dropped off directly at camp any time after 8:05am, please no earlier and must be picked up no later than 3:00pm.
- ✓ **Aftercare:** Aftercare will be at the center from the time the bus arrives until 5:00pm for a weekly fee of \$25.00 for non-ABC enrolled campers. ***Aftercare need must be indicated on the registration form regardless of enrollment status (ABC vs non-ABC).*** There is a \$1.00 late pick-up fee for every minute after 5:00pm at the center and for every minute after 3:00 at camp. It is VERY IMPORTANT THAT you indicate on the registration form how you camper will be transported to and from camp and whether or not there is need for aftercare.

***THE BUS LEAVES THE CENTER PROMPTLY AT 7:30am
RETURNS BACK TO THE CENTER ABOUT 3:30pm***

Important Please Read Carefully

- ✓ **Pay Fees**:** Cost is \$215 per week/session for Girls Day Camp (GDC), \$150 for Counselor-in-Training (CIT) for weeks 3-8. Cost is \$172/week for GDC and \$120/week for CIT for weeks 1 & 2, as they are only 4-day weeks. A 50% deposit *per session* is necessary to reserve a space at camp. It is required at the time of registration. There is a \$25 registration fee per camper.

If your child is currently enrolled in the ABC School Age Enrichment program there is no additional charge to attend camp or for aftercare and your fees will remain whatever your current fee arrangement is, provided your account is in good standing, however you will need to complete a separate camp registration if you would like your child to attend camp

- ✓ **Financial Assistance:** Contact the camp director if you would like to apply for financial assistance. We are able to offer limited financial assistance on a sliding scale based on income and size of household. It is first come first serve while funds last.
- ✓ **Parent Handbook:** If you have not already received these electronically, they will be emailed to you after registration is received. We can reduce paper waste this way as they are lengthy documents. Please print and sign page 36 of the Handbook and return for camper's file and or email me to confirm that have received and read the handbook. Please contact the camp director if you believe you need a copy.
- ✓ **Please Send Your Child to Camp With:**
 - Backpack, refillable water bottle, bug spray, sunscreen, and hat/sunglasses to shield the sun
 - Clothes that can be comfortably played in. Campers will get dirty.
 - Extra clothes and or layers if they get too dirty and it can be quite cool in the morning and then very hot in the afternoon.
 - Swimsuit and towel. Campers swim 2x/day.
 - Sneakers are the preferred camp footwear; extra socks are very helpful. Croc type shoes with a heel strap are ok sometimes, but are not good for nature walks in the woods and or running on the field, etc. If crocs are your campers favorite, we suggest packing a pair of sneakers as well. Open toe or open heel shoes are not allowed at camp. Please no sandals, they are a safety hazard.
 - A home lunch is only necessary if they do not want the camp lunch provided, monthly menus will be available. For the safety of all campers, please no peanut products and do not pack a lunch that requires re-heating.
 - Masks are optional

Please mark ALL clothing and personal belongings with the camper's name.

You would not believe the amount of unclaimed clothing, towels etc. that are sent to donations at the end of every camp season all because they do not have camper's name.

Please do not send your camper to camp with, ANY TOYS FROM HOME, iPods, tablets, video games etc. or anything of value as we are not responsible for anything that is lost, stolen, or broken. Things from home can cause conflict and campers end up crying or fighting over them.

If you have any questions, please feel free to contact me at 442-5174 ext 17.

Or at Camp 445-5850 after June 27.

Check out our web site at www.brighamcenter.org

Thank You! ☺

Sarah Gillooly

sarahg@brighamcenter.org

Camp Director



Gladys Allen Brigham Community Center, Inc.
Camp Stevenson-Witawentin
Updated Covid-19 Protocols & Closure Information
As of March 28, 2022

While we continue operating under DPH/EEC Protocols related to Covid-19, we want to make you aware of a few updates:

Children and Staff Masks are no longer required in the center, or camp as long as staff are fully vaccinated (vaccinated and boosted), except as part of a return to care plan following positive case or exposure. Many staff have chosen to continue to mask when caring for your children and we will work with you should you want your child to stay masked.

We ask that parents/caregivers who are not vaccinated, please wear a mask when picking up your children as we need to continue to limit exposure for our children.

The following remain in place for participation for childcare and camp programming since we are able to be part of a test and stay program with the state for children age 2 and up who are exposed while in care:

- Be prepared should your child come in not feeling well that you will be asked to take them home for the day and we will provide you with a free test kit for you to use at home. If your child is negative and their symptoms have cleared up, they can return to childcare the next day except for a fever which falls under general health care policy that they cannot return until fever free for 24 hours.
- If your child develops symptoms during the day, they will need to be picked up immediately and we will provide you with a free test kit which must be used before they return. With a negative test, they can return except for a fever which as noted above.

Positive Child should stay home for 5 days, After 5 days:

- If child can mask, they can return to care on day 6 with negative test.
- If child cannot mask, they can be tested starting on day 5 and
 - When test negative and asymptomatic or symptoms are subsided, can return to care the day after negative test (rapid test for ages 2 and over), returning to care no later than day 11
 - When test positive, continue isolating until negative test and asymptomatic or symptoms subside through day 10, returning to care no later than day 11
- If child cannot test: stay home for a total of 10 days, returning to care on day 11.

If your child has a close contact with a positive child or adult, please notify us immediately.

- Fully vaccinated children that remain symptom free do not need to isolate.
- If individual cannot test or you prefer your child not to test, stay home for total of ten days, returning to care on day 11

Parent/caregiver drop-off/pick-up procedure:

- Drop-off: Camp parents/caregivers can come to the camp main office and staff will cross reference attendance sheets to make sure they camper is registered to attend and camp staff will escort camper to their unit.
- Pick-up: Camp parents/caregivers can come to the camp main office and staff will radio to have your child dismissed. We ask that you park in a designated parking spot as to not block other cars arriving and or the bus coming in and out. You may also call ahead (445-5850) and we can have your camper ready for you. Please do not take your child without letting staff know.
- We appreciate your cooperation at drop-off and pick-up time, as a reminder please social distance while waiting.
- Please tell your camper to wash their hands upon arrival. There is a handwashing sink in the camp kitchen. There is also a hand sanitizing dispenser at the camp main office for use as a precaution as well during pick-up and drop-off.

Other Precautions still in place:

- It is critically important that caregivers check for symptoms each morning and any campers exhibiting any of the following symptoms should stay home until symptom free.
 - ✓ Fever of 100.0 or higher
 - ✓ Cough
 - ✓ Sore throat
 - ✓ Rapid or difficulty breathing
 - ✓ Diarrhea, nausea, vomiting
 - ✓ New loss of smell/taste
 - ✓ New muscle aches
 - ✓ Fatigue **must be in combination with other symptoms to cause for exclusion**
 - ✓ Headache **must be in combination with other symptoms to cause for exclusion**
 - ✓ Runny nose or congestions **must be in combination with other symptoms to cause for exclusion**
 - ✓ New loss of smell/taste
 - ✓ Any other signs of illness
- Camp staff will actively monitor campers throughout the day for symptoms of any kind.
- Non-essential visitors, who are not vaccinated will be limited to the maximum extent possible. (Essential visitors could include for example, instructors, vendors, parents picking up/dropping off, DPH members, etc.)
- Campers and staff are instructed to go to the nearest handwashing station upon entry, and will be encouraged to wash hands frequently especially before and after eating and using the bathroom.
- Cleaning and disinfection of shared sports equipment is in accordance with CDC guidance.

We are *still* all in this together. Please be patient with us, as things are changing rapidly, and we continue to figure it out daily. If you have any questions or concerns, please contact me.

Sarah Gillooly, Program/Camp Director

413-442-5174 ext. 17 (center)

413-445-5850 (camp)

sarahg@brighamcenter.org

FOR OFFICE USE ONLY

___ ABC
___ NON-ABC
___ CIT

GIRLS INC. OF THE BERKSHIRES - CAMP STEVENSON-WITAWENTIN

Girls Day Camp Registration 2022

Check the sessions for which you wish to enroll your child:



of the Berkshires

- # 1 June 28-July 1 closed Monday June 27 _____ # 5 July 25-29 _____
- # 2 July 5-8 closed Monday July 5 _____ # 6 August 1-5 _____
- # 3 July 11-15 _____ # 7 August 8-12 _____
- # 4 July 18-22 _____ # 8 August 15-19 _____

Please check if you need aftercare (\$25/week for non-ABC families)

CAMPER'S NAME: _____
last first middle

ADDRESS: _____
street town state zip

GRADE: (ENTERING FALL 2022) _____ DATE OF BIRTH: _____ AGE: _____ T-SHIRT SIZE: Youth or Adult: SM, M, L, XL, XXL

IS THERE ANY SPECIAL INFORMATION YOU WOULD LIKE US TO KNOW? (Concerns, allergies, medical, behavioral etc.)

PARENT/GUARDIAN INFORMATION:

Please fill out both columns. Write "not known" or "not available" if necessary.

PARENT/GUARDIAN NAME:	PARENT/GUARDIAN NAME:
HOME MAILING ADDRESS:	HOME MAILING ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
HOME PHONE:	HOME PHONE:
CELL PHONE NUMBER:	CELL PHONE NUMBER:
BUSINESS NAME:	BUSINESS NAME:
BUSINESS ADDRESS:	BUSINESS ADDRESS:
BUSINESS PHONE:	BUSINESS PHONE:
HOURS AT WORK:	HOURS AT WORK:
EMAIL ADDRESS:	EMAIL ADDRESS:
Do you give permission for your child to be released to this person? YES NO	Do you give permission for your child to be released to this person? YES NO

EMERGENCY CONTACT INFORMATION (In order to be contacted, parent/guardian contacted first)

(WE MUST HAVE AT LEAST ONE CONTACT OTHER THAN PARENT/GUARDIAN IN CASE OF EMERGENCY)

1) Name: _____ Relation to Child _____

Address: _____

Phone (H): _____ (C) _____ (W) _____

Do you give permission for your child to be released to this person? Yes _____ No _____

2) Name: _____ Relation to Child _____

Address: _____

Phone (H): _____ (C) _____ (W) _____

Do you give permission for your child to be released to this person? Yes _____ No _____

GLADYS ALLEN BRIGHAM COMMUNITY CENTER PHOTO RELEASE:

I hereby release to the Gladys Allen Brigham Community Center and its entities the use of mine or my child’s photograph, interview or taped testimonial to be utilized in ways the Brigham Center deems appropriate use of media. No monetary compensation will be paid for this service to the Brigham Center. I will not hold the Gladys Allen Brigham Community Center responsible for any side effects of the above approval.

Child’s Name (print)_____

Parent/Guardian

Signature:_____Date:_____

If you do not wish any media of you or your child to be used, please write “NO” across the above signature and DO NOT sign it.

IMPORTANT PARENT/GUARDIAN SECTION: (Without signature(s), child CANNOT attend camp)

I give permission for my child to attend field trips and walks, and to participate in Girls Inc. programming that supports our mission and may include age-appropriate topics about health, hygiene, and sexuality. I also give permission for my child to participate in periodic evaluations/surveys as part of being a program participant. I understand that tuition is non-refundable; this includes deposits and payments. I understand that non-payment of camp tuition may result in termination from the program. I understand that health and accident insurance coverage for my child is my responsibility as parent/guardian. I will not hold Girls Inc. or the Brigham Community Center its representatives, counselors or staff liable for injury incurred by my child. I hereby give approval for her/his participation in the program. In an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above. I understand that my child(ren)’s participation in activities at Camps Stevenson-Witawentin may involve a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived by myself and my child(ren), and after carefully considering the risks involved I hereby agree to indemnify and hold harmless Brigham Community Center and its directors, officers, employees, and independent contractors and volunteers and sponsors associated with the camp (“Releasees”) from and against any claims, damages or causes of action, including attorney fees, arising out of (a) injury or death of my child(ren) brought by or on behalf of my child(ren) or (b) the injury or death of others that may be caused by my child(ren). I further release the Releasees from any liability hereunder and waive all claims that I may have against the Releasees.

Signature of Parent/Guardian_____Date_____

Signature of Parent/Guardian_____Date_____

THE FOLLOWING DEMOGRAPHIC INFORMATION IS REQUIRED BY OUR FUNDERS

(information is compiled anonymously and not attached to any names, so your information is kept confidential)

<u>Racial Background</u>	<u>Family Income</u>	<u>Family Living Configuration</u>	<u>Origin of Birth</u>
____ American Indian/Alaska Native	____ \$0-\$10,000	____ Two Parents	____ Born in the US
____ Asian	____ \$10,000-\$14,999	____ Mother Only	____ Born Outside
____ Black/African American	____ \$15,000-\$24,999	____ Father Only	____ the US
____ Native Hawaiian/Pacific Islander	____ \$25,000-\$34,999	____ Joint Custody	
____ Multiracial	____ \$35,000-\$49,999	____ Neither Parent	
____ White/Caucasian	____ \$50,000-\$74,999		
____ Other (please specify)	____ \$75,000 and over		

<u>Ethnicity</u>	<u>Marital Status of Household</u>	<u>Highest Level of Education in the home</u>
____ Hispanic	____ Married	____ Less than 9 th grade
____ Non-Hispanic	____ Single/Never Married	____ 9 th through 12 th grade
	____ Divorced/Separated	____ H.S. Graduate or equivalent
	____ Widowed	____ Some College (no degree)
	____ Co-habiting/Living w/partner	____ Associate’s Degree (completed 2yrs of college)
	____ Other Status	____ Bachelor’s Degree (completed 4yrs college)
		____ Post Graduate Degree (master’s degree)

_____ I have received the 2022 Camp Stevenson-Witawentin Parent Handbook.
Please initial (The last page of the parent handbook must be signed and turned in with the registration packet or email camp director to notify receipt.)

**** DO NOT FORGET TO COMPLETE THE TRANSPORTATION PAGE****

PLEASE COMEPLTE THE TRANSPORTATION PAGE INDICATING WHAT TIME YOUR CAMPER WILL BE DROPPED OFF AND PICKED AND OR BUS STOP & TIME. WITHOUT THIS INFORMATION YOUR REGISTRATION CANNOT BE PROCESSED.

Bussing/Transportation Information for Camp Stevenson-Witawentin 2022

BUS STOP #	WHERE	AM PICK-UP TIME	PM DROP-OFF TIME
#1	Brigham Center	7:30	3:30
#2	Morningside School	7:35	3:25
#3	Allendale School	7:45	3:15
#4	Crosby School	7:55	3:05
	CAMP	8:00	3:00

****Bus times are at best a guide - PLEASE allow 10-15 minutes on either end as exact timing can be difficult.***

- There is a bus monitor that is also camp staff that is on the bus the entire time. The bus monitor will have a list of scheduled campers (updated weekly) for each stop with contact information for campers families.
- Campers must sit where instructed and must stay in their seats for the duration of the trip. Campers must not get up, stand up or move seats during transit.
- It is preferred for campers to wait in vehicles prior to boarding the bus at all stops. Campers taking the bus from the center should not enter the building, but directly board the bus by 7:30am.
- If you are dropping your child off directly at camp, they cannot arrive before 8:05am. There is no before care at camp or the center for camp programs.
- If you are picking your child up directly from camp, they must be picked-up no later than 3:00pm.
- **After care** is available for those who indicate need on the registration form. After care is available from the time the bus arrives back to the center from camp at about approximately 3:30 until 5:00. The cost is \$25/week for after care. ***The charge for after care only applies to non-ABC enrolled campers.*** It is a weekly rate. Pick-up at the center must occur by 5:00. There is a late pick-up fee of \$1/minute after 5:00.
- Please note that you may choose a morning arrival that is different from the afternoon departure, so long as it is indicated.
- If the camper's ride/person is not waiting for them at any of the bus stops, the bus monitor will attempt to contact caregiver, if they cannot be reached, the camper will be brought to the center and will need to be picked up there no later than 5:00pm.
- Please remember that there is a late pick-up fee of \$1 per minute per child after 5:00 at the center and after 3:00 at the camp for non-ABC enrolled campers.
- **The bus to camp leaves the center promptly at 7:30am.**
- **The Bus returns to the center at about 3:30pm. It is important that if this your camper's stop that you are there before the bus arrives.**
- Please see the Camp Stevenson Witawentin Parent Handbook for more information.
- Camp is located at 600 Churchill Street, Pittsfield. West Street to Churchill Street is the easiest way to find us.
- Please contact the camp director with any questions, 413-445-5850 during the camp season, or 413-442-5174 ext. 17, main office, or email sarahg@brighamcenter.org

Camp Stevenson-Witawentin Transportation Plan 2022

Camper's Name: _____

MORNING

My child will arrive to camp by:

____ Parent Drop-Off directly at camp, please indicate the time they will arrive _____

____ Bus Stop # _____

____ Unsupervised Walk to the Brigham Center to get the bus (must have written permission)

____ Other (Describe: _____)

STOP #	WHERE	AM PICK-UP TIME	PM DROP-OFF TIME
1	Brigham Center	7:30	3:35
2	Morningside School	7:35	3:25
3	Allendale School	7:45	3:20
4	Crosby School	7:55	3:10
	CAMP	8:05	3:00

AFTERNOON

My child will depart camp by:

____ Parent Pick-Up directly at camp, please indicate the time they will depart _____

____ Bus Stop # _____

____ Unsupervised Walk from the Brigham Center (must have written permission)

____ Parent Pick-Up from aftercare at the Brigham Center, please indicate time they will be picked up _____

____ Other (Describe: _____)

ALTERNATIVE PICK-UP INFORMATION

I give permission for my child to be released from the program at the end of the day as stated above and or I give 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".

Please list any additional pick-ups on the back of this form.

1) Name _____ Relation to camper _____

Address _____ Phone (home/cell) _____ (work) _____

Color/Make/Model of Vehicle _____ State & Plate #: _____

2) Name _____ Relation to camper _____

Address _____ Phone (home/cell) _____ (work) _____

Color/Make/Model of Vehicle _____ State & Plate #: _____

3) Name _____ Relation to camper _____

Address _____ Phone (home/cell) _____ (work) _____

Color/Make/Model of Vehicle _____ State & Plate #: _____

Any other transportation request must be stated in writing and maintained in the child's file or above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature _____

Date _____

SGS/22





of the Berkshires

CAMP STEVENSON-WITAWENTIN HEALTH FORM 2022

THIS SIDE MUST BE FILLED OUT and SIGNED BY PARENT/GUARDIAN

BACK SIDE TO BE FILLED OUT and SIGNED BY A PHYSICIAN

Physician may attach their own form but MUST be signed/stamped and dated with current immunization history.

Child's Name _____ Date of Birth _____ Age _____

Parent/Guardian(s) _____

Address _____ City _____ State _____ Zip _____

Home/Cell Phone _____ Work Phone _____

Child's health history (check illness child has had, with approximate dates):

Frequent ear infections _____	Chicken Pox _____	Allergies:
Heart defect/disease _____	Measels _____	Hay Fever _____
Convulsions _____	Rubella _____	Ivy poisoning _____
Diabetes _____	Mumps _____	Insect Stings _____
Bleeding/clotting Disorder _____	Mononucleosis _____	Penicillin _____
Hypertension _____	Asthma _____	Other drugs _____

Operations or serious injuries (specify dates): _____

Disability or chronic recurring illness: _____

Taking any medications? YES NO. If Yes, please explain. _____

Will the medication be administered during camp? YES NO. If yes, you must fill out the medication consent form.

Any specific activities to be encouraged or limited by physician's advice: _____

Dietary Modifications: _____

Food allergies or intolerances: _____

Name of physician: _____ Phone: _____

Date of last physical exam: _____ Medical insurance carrier: _____

Name of dentist: _____ Policy group# _____

Has this child menstruated? _____ If so, is her menstrual history normal? _____ If not, has she been told about menstruation? Yes No

I give permission to camp staff to apply camp supplied sunscreen to my camper. _____ Yes _____ No
Camp Stevenson-Witawentín uses "No-Ad" or similar sunscreen with an SPF of 45 or higher.

I give permission to camp staff to apply camp supplied bug repellent to my camper. _____ Yes _____ No
Camp Stevenson-Witawentín uses "OFF!® SKINTASTIC® FAMILYCARE™ INSECT REPELLENT SPRAY" or similar repellent with DEET.

I give permission for my child to use camp supplied hand sanitizer. _____ Yes _____ No
Camp Stevenson-Witawentín use hand sanitizer with at least 60% alcohol.

Any concerns? _____

Parent comments: _____

This health history is correct so far as I know, and the child described has permission to engage in all camp activities except as noted above.
Emergency authorization: I understand that camp staff are trained in the basics of First Aid and CPR and I authorize them to give administer First Aid and or CPR when appropriate. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

Parent/Guardian Signature(s) _____ Date _____

THIS SIDE MUST BE COMPLETED AND SIGNED BY PHYSICIAN

Physician may attach/use their own form, as long there is proof of a physical within the last 18 months and current immunization history, MUST be signed/stamped and dated by physician

IMMUNIZATION HISTORY:

Please record date of basic immunization and most recent booster:

Vaccine	Date of basic immunization	Date of Booster
Diphtheria	1	1
Pertussis	2	2
Tetanus	3	
or		
Tetanus		
Diphtheria	TD	
or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles		
Mumps		
Rubella (German measles)		
Other		
Tuberculin test given		(most recent)

HEALTH EXAMINATION BY LICENSED PHYSICIAN:

I have examined camp applicant: _____ Date _____

The child's Health does _____ child's name does not _____ preclude participation in an active camp program.

The child is under the care of a physician for the following condition(s) _____

Current treatment (including current medications) _____

Does child have a seizure disorder? _____ Diabetes? _____

Recommendations and restrictions while at camp:

Any treatment to be continued at camp: _____

Any medication to be administered at camp (specify drug and dosage): _____

Any dietary restrictions: _____

Any allergies (food, drugs, plants, bugs, animals, etc.): _____

Physician's signature _____ Date _____

Physician's name _____ Phone # _____



Inspiring all girls to be strong, smart, and bold

Girls Inc. of the Berkshires ~ Camp Stevenson-Witawentin Medication Consent Form ~ Summer 2022

*** Please fill out if your child will need medication administered during program hours.
A separate form is required for each type of medication**

Name of child: _____

Name of Medication: _____

Prescription: _____ Non-Prescription: _____

Dosage: _____

Date(s) medication to be given: _____

Time medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Name and phone number of prescribing physician: _____

Direction for storage: _____

I, _____, (parent or guardian) give permission to have authorized staff member(s) to administer medication to my child as indicated above.

Parent/Guardian Signature Date

Doctor's Signature **(for non-prescription medication)**



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Girls Inc. of the Berkshires ~ Camp Stevenson-Witawentin Information for Special Needs ~ Summer 2022

Please fill out this form if your child is considered to have special needs, thank you.

Child's Name: _____

Parents/Guardians: _____

Physician's Name: _____

1. Type of Disability: _____

2. Specific precautions that should be taken:

3. Does she/he take medication? If so what kind with times and dosages, side effects, etc.

4. Describe any behaviors of which we should be aware of and how these behaviors should be handled.

5. Are there any activities she/he should not participate in and why?

6. Does she/he have a history of seizures? _____

If so, please describe _____

7. Does she/he have a tendency to wander?

8. Does she/he have any special equipment? (Wheel chairs, braces, etc.)

Other comments:

COUNSELOR IN TRAINING CONSENT FORM

To be a CIT at Camp Stevenson-Witawentin you must:

- ✓ Be 13-15 years of age, some exceptions may be made at the discretion of the Camp Director.
- ✓ Participate in a brief meeting and semiformal interview process to get to know you and learn about your skills and interests.
- ✓ Have a great attitude and willingness to learn and be helpful.
- ✓ Commit to your duties as the counselors will come to rely on you. (*If you say you are going to be there, then be there*)
- ✓ Take part in CIT check-in meetings and programming that supports our mission 2-3x a week as part of the camp program.
- ✓ Be able to take part and help with **many** kinds of duties and activities.
- ✓ Be able to demonstrate and role model respect, maturity, and responsibility.
- ✓ Be flexible. Understand you are placed wherever we need you and it may not always be your first choice. It is about what works best for the overall program.
- ✓ Enjoy working with children.
- ✓ Participate in ALL camp activities and special events, including swimming and clean-up, and encourage campers to do so as well.
- ✓ Be a helper to ALL camp staff, not just the one you are assigned to work with
- ✓ Absolutely leave electronics (and any valuables) at home, this includes but not limited to;, mp3 players, tablets, laptops, game systems, etc.
- ✓ Not be on your cell phone at any time without permission.
- ✓ Never photograph or video any campers or staff without prior approval.
- ✓ Not wear headphones/earbuds at any time.

By signing this form, I give permission for my child to take part in the Counselor-In-Training program at Camp Stevenson-Witawentin.

Signature of Parent/Guardian

Date

By signing this form, I accept my responsibilities and will be an active and productive member of the CIT program. I understand that failure to meet the above criteria may result in the termination of my participation in the CIT program.

Signature of Prospective CIT

Date

