

Cary Camper Background Form

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ALL FORMS ARE DUE BY JUNE 15, 2026

Please use the table to checkmark which week of camp your child is attending. 
Camper's Full Name _____

Preferred Name _____

Birthdate _____

Age _____

Gender Identity _____

Primary Contact Information *By providing your phone number, you agree to receive camp-related emergency & update texts. Msg & data rates may apply.

❖ Parent/Guardian 1 _____ Primary Phone _____ Secondary Phone _____
Home Address _____ E-mail _____

❖ Parent/Guardian 2 _____ Primary Phone _____ Secondary Phone _____
Home Address _____ E-mail _____

Emergency Contacts (if parent or guardian not available) This person must have the ability to pick up the child within 30 minutes if we are unable to reach the parent/guardian. Phone numbers must be U.S.-based.

❖ 1) _____ Primary Phone _____ Secondary Phone _____
Location during camp _____ Relationship to Camper _____

❖ 2) _____ Primary Phone _____ Secondary Phone _____
Location during camp _____ Relationship to Camper _____

Insurance Information: Is the camper covered by family medical/hospital insurance? _____ YES _____ NO

If so, indicate carrier or plan name: _____ Group# _____

Physician Name	Dentist Name	Orthodontist Name
Physician Phone	Dentist Phone	Orthodontist Phone
Hospital Preference (check one): <input type="checkbox"/> Sharon Hospital (Sharon, CT) <input type="checkbox"/> Vassar Brothers (Poughkeepsie) <input type="checkbox"/> Mid-Hudson Regional (Poughkeepsie) <input type="checkbox"/> No Preference		

Session	Dates	Grades	Check
Eco-Discovery 1 (4 days)	June 29-July 2	2-4	
Eco-Discovery 2a	July 6-10	2-4	
Eco-Discovery 2b	July 6-10	5-7	
Eco-Discovery 3a	July 13-17	2-4	
Eco-Discovery 3b	July 13-17	5-7	
Eco-Discovery 4	July 20-24	5-7	
Eco-Discovery 5a	July 27-31	2-4	
Eco-Discovery 5b	July 27-31	6-8	
Eco-Investigators (2 weeks)	August 3-14	6-8	
Eco-Discovery 6	August 10-14	5-7	
Eco-Discovery 7	August 17-21	2-4	
Art+Science	August 24-28	6-8	

Please provide complete and honest answers regarding your child's health. These forms will be read solely by camp staff and administration, the health director, and emergency personnel.

1) PLEASE CHECK ONE BOX

- This child **takes NO medication** on a routine basis. (Go to question 2) OR
 This child **takes** medication, as outlined in the "Mandatory Physician's Orders" form.

Note any discrepancies between the medications listed on the "Mandatory Physician's Orders" form and what your child will take at camp. Any prescription medications that your child brings must be in the original containers and accompanied by prescriptions from a doctor explaining dosage requirements (including epi-pens). Any over-the-counter medications (e.g., Benadryl, ibuprofen, etc.) must be in the original manufacturer's container with the camper's name affixed to the container.

Campers taking any prescription or over-the counter medications while at camp **MUST be able to self-administer the medication** under the supervision of the Camp Health Director/Designee. Camp Health Directors are only permitted to dispense medications that are listed on the "Mandatory Physician's Orders" form.

2) Allergies*: Please list all allergies to food, animals, medication and other substances (insect stings, hay fever, etc.), and describe the reaction/management of the reaction.

***Because we spend so much time afield, we carry an **Epi-Pen** that will be administered if a camper with previously unknown allergies enters anaphylactic shock. We will make our best effort to contact Emergency Medical Service personnel before administering the epi-pen, and will contact the child's caregiver as soon as possible. Please speak with Cary camp staff if you have questions or concerns about this protocol.

3) Restrictions (The following restrictions apply to this individual.)

Does not eat: Dairy Products Nuts Other (describe)_____

Explain any restrictions to physical activity (e.g., limitations, what adaptations are necessary)

4) Health History

Has/does the camper...	Circle One	Date of last incident	Please explain any "yes" answers.
1. Had any recent injury, illness, or infectious disease?	Yes No		
2. Have a chronic or recurring illness/condition?	Yes No		
3. Ever had surgery?	Yes No		
4. Have frequent headaches?	Yes No		
5. Have ADHD or other neurodevelopmental differences?	Yes No		
6. Ever had a head injury?	Yes No		
7. Have diabetes?	Yes No		
8. Have asthma?	Yes No		
9. Ever had seizures?	Yes No		
10. Ever had an allergic reaction to bees/nuts/animals?	Yes No		

Please share any information about the participant's behavior, physical health, emotional well-being, or other needs that would help us provide the best possible support during camp. Our activities include group and individual games, experiments, handling of fish and bugs, arts and crafts, and hiking.

6) Sunscreen/Insect Repellant

In June, 2017, the New York State Assembly passed public health legislation allowing summer campers to carry insect repellant with written permission of a parent or guardian. The goal of this law is to protect children from black-legged ticks, which are known to carry Lyme disease.

In accordance with this legislation, we must keep a written record if you grant permission for your child to: 1) carry their own insect repellant and 2) receive assistance from camp personnel in applying their insect repellant if they ask for our help.

I grant permission for my child to carry insect repellant this week and for camp staff to assist them with repellant application if they ask for help: Yes_____ No_____ 

New this Year: Pretreated Tick Gaiters During hikes and outdoor activities, campers may wear tick gaiters—lightweight fabric coverings worn over socks and the lower pants leg—to help prevent ticks from reaching the skin. The gaiters are pre-treated with permethrin, an insect repellent commonly recommended by public health agencies and approved by the FDA for use on clothing.



Photo of tick gaiter that velcros around the ankle.
www.Lymeez.com

Permethrin-treated clothing repels and disables ticks on contact and remains bound to the fabric rather than being absorbed by the skin. When used as intended, it is considered safe for children and is one of the most effective first lines of protection against ticks, especially in areas where ticks are common. Wearing tick gaiters helps reduce tick exposure while allowing campers to safely enjoy time outdoors.

I grant permission for my child to wear tick gaiters pretreated with insect repellent (permethrin):

Yes_____ No_____ 

I grant permission for Cary Institute to provide the following for my child if they don't bring their own (Circle Yes or No):

FDA-Approved Sunscreen	Yes	No
FDA-Approved Insect Repellant	Yes	No
Tick Gaiters with FDA-Approved Insect Repellent	Yes	No

7) Photo/Video consent: We take photos to share with families, and sometimes we use photographs and videos from Camp for various Cary Institute purposes. For each of the following, **please initial if you agree to allow us to use your child’s image and/or video:**

	Cary website & print materials <i>Newsletter, advertisements, grant reports, local media publications</i>	Cary social media	Google Photos Album <i>This album is *only* shared with camp families who attended the same week as your child.</i>
Photo			
Video			

GUARDIAN’S AUTHORIZATION

This health history is correct and complete so far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give my permission to the camp to provide routine health care, supervise self-administration of medications and seek appropriate emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. Every possible effort will be made to contact me in the event of an emergency, but in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied.

Parent/Guardian Signature: _____



Printed Name: _____ **Date:** _____