

SETON DAY CAMP NOTES



CAMP TIME

The Camp program begins at 9:00 a.m. and concludes at 4:00 p.m. Monday through Thursday. On Friday camp operates from 9:00 a.m. to 3:00p.m. Campers may be dropped off at 8:00 a.m. for an additional charge and picked up until 5:00 p.m. for an additional charge. See Camp Director for details.

DRIVING INTO CAMP

The speed limit to Camp Seton is 10 mph at all times. In the interest of camper safety, please obey the posted speed limit. Please only park in designated areas.

CAMPER GEAR

Seton Day Camp uniform consists of a Camp Seton t-shirt and shorts. Each camper receives one free

t-shirt at the beginning of Camp. Additional t-shirts are available for purchase at the Trading Post for \$10.00. No opened-toed shoes or sandals are permitted. Socks are required. Each camper should bring swim trunks and a towel, rain gear, a cap or hat and an extra pair of dry socks. These items should be in the camper's backpack which he carries throughout the day. Please be sure to label all belongings in permanent marker with camper's name.

LUNCH TIME

Campers need to bring a nutritious lunch from home each day. It should be placed in a **plastic bag** and labeled with your child's name, and den letter. Lunches are refrigerated until eaten.

RAINY DAY PROGRAM

Camp runs all day. rain or shine. Special

SUNSCREEN & INSECT REPELLANT

Please apply sunscreen and insect repellent at home.

DAILY CHECK IN & CHECK OUT

Campers must check-in at the registration table each morning. Late Campers must check-in at the Camp Office in the Neilsen Building. Parents must check-out each camper individually at the end of the day. If you have to pick up your child earlier than 4:00 p.m. please use an Early Pick-Up form. Early dismissal will not be allowed after 3:00 p.m. Children waiting for early dismissal will be at the Neilsen Building.

If your child will not be in Camp on a specific day, please notify the Seton Camp Office at 203-869-6633 and leave a message.

CAR POOLS

If your child is being sent to camp or picked up from Camp by persons other than parents or legal guardians you must complete a camper check out form. If your plans change suddenly, please call the Seton Camp Office at(203) 869-6633.

TRADING POST

The Seton Trading Post will be open daily. Campers may purchase drinks, snacks, patches, t-shirts and other camp related items.

MEDICATION AUTHORIZATION FORM

Please bring medication in the original container along with form to the Health Office and speak to the nurse on the first day of Camp or on the first day of prescription.

QUESTIONS

ALL SETON DAY CAMPERS MUST ADHERE TO THE FOLLOWING CAMP RULES:

- 1) Closed shoes and socks must be worn at camp at all times, except in the pool area.
- 2) Every camper must utilize the **buddy system during Day Camp operation.**
- 3) Campers must not throw stone, sticks or other objects.
- 4) Campers will follow the instructions of a Camp Staff member.
- 5) Campers must **report any injuries** to a staff member **immediately.**
- 6) **NO KNIVES OR SKATEBOARDS** are **ever** allowed in Seton Cub Scout Day Camp.
- 7) All Campers must respect other people's personal property.
- 8) **NO CHEMICAL FUELS, OTHER FLAMMABLE LIQUIDS** or fireworks, as well as matches, lighters or other fire starting materials are permissible.
- 9) ***All medication*** will be given to and dispensed by the Camp Health Officer. This includes bug spray and sunscreen. A signed Parental Permission Slip allowing for dispensing a boy's medication must be given to and retained by the Seton Cub Scout Day Camp Health Officer.
- 10) An "Early Dismissal" of a camper, must be approved with a signed and dated permission slip from either parent or a guardian. This form must be given to the Camp Office the morning of an early dismissal.
- 11) The Camp Office serves as the site for pick up of any early dismissal by a parent or guardian.
- 12) No Walkman radios, Boom-boxes, Cell Phones, Hand-held games or other electronics are allowed.
- 13) **Fishing/Cray Fishing** is not allowed except as a Den or Camp-wide scheduled event.

- 14) Inclement weather may force some or all of the outdoor activities to be cancelled. We will provide alternate day camp activities. If the weather changes, the regular schedule will resume.
- 15) Campers must **KEEP OFF** all logs and fences around the edge of the lake and in the camp parking areas.
- 16) Campers must not litter. All campers are asked to help pick up all trash and litter throughout Camp.

**Directions to Ernest Thompson Seton Reservation:
363 Riversville Road
Greenwich, CT 06830
Phone (203) 869-8424 Fax (203) 869-2732
www.greenwichbsa.com**

From Merritt Parkway Southbound:

Exit 27 - *King Street*: At the end of the ramp, turn right and proceed until you see St. Paul's Church on the right hand side. Turn right onto Sherwood Avenue. Continue on Sherwood Avenue to the end. Make a left onto Rivesville Road. Proceed straight a short distance to the Reservation which will be on the right, and clearly marked.

From New York, New Jersey and Areas South Via the

Hutchinson River Parkway Northbound:

Exit 30S - *King Street*: At the end of the ramp, turn Left and proceed until you see St. Paul's Church on the right hand side. Turn right onto Sherwood Avenue. continue on Sherwood Avenue to the end. Make a left onto Riversville Road. Proceed straight a short distance to the Reservation which will be on the right and clearly marked.

From Interstate 684

to Route 433. Proceed South on Route 433 for about 4.4 miles Route 433 turns into Rivesville Road in Connecticut. Seton Reservation will be on your left, just past a large granite rock out cropping. The entrance is clearly marked.

From Connecticut Thruway (I95) North and South

Exit 3 - *Arch Street*: Northbound, turn left and the end of the ramp Southbound, turn right ant the end of the ramp and proceed straight under the railroad overpass. Go Strait through the traffic light. take the next left onto Field Point Road. Take the next left onto Brookside Drive. At the traffic light proceed straight across US and continue on Brookside Drive to the end. Turn left onto Glenville Road and continue past the small town to the firehouse on the left hand side. Make a right at the traffic light onto Riversville Road. Proceed on Riversville Road for 2 miles to the Reservation on the right. The entrance is clearly marked.

City: _____

School: _____

Camper Check out Information

Please complete the following information to be used at check-out. Please provide the names and information for anyone who may pick up your child (including car pool drivers). Campers will be released to the people listed on this form. The individuals may be asked to provide identification at check-out. If it is necessary for someone else to pick-up your child, please send a note or call the camp directly at 203-869-6633. We ask for your cooperation and patience with this procedure since its purpose is to increase your child's safety.

Camper's Name _____ Home Phone # _____

Mother's Name _____ Cell/Work Number _____

Father's Name _____ Cell/Work Number _____

Emergency Contact Name and # _____

CITY: _____ **SCHOOL:** _____

IMPORTANT! THE WEEK(S) YOUR CHILD IS GOING TO CAMP MUST BE FILLED OUT

My son will be attending camp the week (s) of:

CIRCLE WEEKS: 6/28 7/9 7/16 7/23 7/30 8/6

The following people have permission to pick up my son from Camp Seton:

NAME	PHONE #	RELATIONSHIP TO CAMPER
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1. _____

2. _____

3. _____

Annual BSA Health and Medical Record Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Full name:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Without restrictions.

With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(if participant is under the age of 18)

Second parent/guardian signature _____ Date _____

(if required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ **DOB:** _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Part C

TO THE EXAMINING HEALTH-CARE PROVIDER (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program at one of the national high-adventure bases, please refer to Part D for additional information.

(Part D was made available to me. Yes No)

PHYSICAL EXAMINATION

Height (inches) _____ Weight (pounds) _____ Maximum weight for height _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____ Percent body fat (optional) _____

If you exceed the maximum weight for height as explained on this page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle-accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a water-displacement test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

Tuberculosis (TB) skin test (if required by your state for BSA camp staff) Negative Positive

Allergies (to what agent, type of reaction, treatment): _____

Restrictions (if none, so state) _____

EXAMINER'S CERTIFICATION

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions above)

True False

- Meets height/weight requirements
- Does not have uncontrolled heart disease, asthma, or hypertension
- Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from their orthopedic surgeon or treating physician
- Has no uncontrolled psychiatric disorders
- Has had no seizures in the last year
- Does not have poorly controlled diabetes
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

Provider printed name _____

Address _____

City, state, zip _____

Office phone _____

Signature _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

DO NOT WRITE IN THIS BOX

REVIEW FOR CAMP OR SPECIAL ACTIVITY

Reviewed by _____ Date _____

Further approval required Yes No Reason _____

By _____ Date _____

Part C Full name: _____ **DOB:** _____

Boy Scouts of America Information for Parents

A parent or guardian must certify that he or she has read this information sheet for all applicants under 18 years of age.
(Venturing and Sea Scout members: It is important that you share this with your parents.)

Welcome to the Boy Scouts of America!

Your child is joining more than 4 million members of the Boy Scouts of America. Please take the time to review this material and reflect upon its importance. Visit www.scoutparents.org.

The BSA and the Chartered Organization

The Boy Scouts of America makes Scouting available to our nation's youth by chartering community organizations to operate Cub Scout packs, Boy Scout troops, Varsity Scout teams, Venturing crews, and Sea Scout ships.

The chartered organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of the BSA. The BSA local council provides unit leader training, program ideas, camping facilities, literature, professional guidance for volunteer leaders, and liability insurance protection.

Scouting's Volunteers and You

Scouting's adult volunteers provide leadership at the unit, district, council, and national levels. Many are parents of Scouts; many entered Scouting as youth members. Each chartered organization establishes a unit committee, which operates its Scouting unit, selects leadership, and provides support for a quality program. Unit committees depend on parents for membership and assistance.

Youth Protection Begins With You™. Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere, even in Scouting. Youth safety is of paramount importance to Scouting. For that reason, the BSA continues to create barriers to abuse beyond what have previously existed in Scouting.

The Boy Scouts of America places the greatest importance on providing the most secure environment possible for our youth members. To maintain such an environment, the BSA has developed numerous procedural and leadership selection policies, and provides parents and leaders with numerous online and print resources for the Cub Scout, Boy Scout, and Venturing programs.

All Cub Scout, Boy Scout, Venturing, and Sea Scout parents should review *How to Protect Your Children From Child Abuse: A Parent's Guide* booklet in the Cub Scout and Boy Scout handbooks or at www.scouting.org/training/youthprotection.

Become a ScoutParent

A ScoutParent must be at least 21 years old and be a parent or adult mentor of a Scout. The ScoutParent enthusiastically participates with their Scout and also helps volunteer leaders provide the best quality program experience to all youth in every unit. Visit www.scoutparents.org.

Note: If the parent is not serving as a ScoutParent, the parental signature on the application indicates approval of the ScoutParent, and also if the ScoutParent does not live at the same address as the Scout, a separate adult application is required.

The respective unit committee selects the Cubmaster, Scoutmaster, Varsity Scout Coach, Venturing Advisor, or Sea Scout Skipper, subject to approval of the head of the chartered organization or the chartered organization representative and of the BSA. The unit leader must be a good role model because our children's values and lives will be influenced by that leader. You need to know your child's unit leader and be involved in the unit committee's activities so you can evaluate and help direct that influence.

Scouting uses a fun program to promote character development, citizenship training, and personal fitness for every member. You can help by encouraging perfect attendance, assisting with your child's advancement, attending meetings for parents, assisting with transportation, and assisting when called upon by the unit leader.

Program Policies

Chartered organizations agree to use the Scouting program in accordance with their own policies as well as those of the BSA. The program is flexible, but major departures from BSA methods and policies are not permitted. As a parent, you should be aware that

- Leadership is restricted to qualified adults who subscribe to the precepts of the Declaration of Religious Principle, the Scout Oath, the Scout Law, and the BSA Standards of Leadership.
- Citizenship activities are encouraged, but partisan political activities are prohibited.
- Military training and drills are prohibited. Marksmanship and elementary drill for ceremonies are permitted.
- The Boy Scouts of America recognizes the importance of religious faith and duty; it leaves sectarian religious instruction to the member's religious leaders and family.
- Members who do not belong to a unit's religious chartered organization shall not be required to participate in its religious activities.

Youth Protection Policies

- Two registered adult leaders or one registered adult leader and a parent of a participant, one of whom must be 21 years of age or older, are required on all trips and outings. If trips and outings are coeducational, leaders of both genders must be present.
- One-on-one activities between youth members and adult leaders are never permitted. Even personal Scout conferences must be conducted in plain view of others.
- Corporal punishment, hazing and bullying are not permitted in Scouting. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- New leaders are required to take Youth Protection training within 30 days of registering, and Youth Protection training must be taken every two years.
- We encourage all parents to be involved with their Scout. There are no "secret" organizations in Scouting and all Scouting activities are open to parental visitation.
- If you suspect that a child has been abused, immediately contact the local authorities and the Scout executive.

Excerpt from the Declaration of Religious Principle

The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the member, but it is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and organization or group with which the member is connected shall give definite attention to religious life. Only persons willing to subscribe to these precepts of the Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to certificates of membership.

Policy of Nondiscrimination

Youth membership in the Boy Scouts of America is open to all boys and young adults who meet the joining requirements. Membership in Scouting, advancement, and achievement of leadership in Scouting units are open to all youth without regard to race or ethnic background and are based entirely upon individual merit.

Ethnic background information. The BSA receives inquiries from various agencies regarding racial composition. Please fill in the appropriate circle on the application to indicate ethnic background.

Thank You

The Boy Scouts of America appreciates you taking time to become familiar with Scouting. We feel that an informed parent is a strong ally in delivering the Scouting program. Help us keep the unit program in accord with Scouting principles. Alert the unit committee, chartered organization representative, and head of the chartered organization to any major deviations. Please do your fair share to support a quality unit program.