



Camper Profile Sheet

Camper _____ Sex _____ Date of Birth _____
(Last Name) (First Name)

Prefers to be called _____

Brother's/Sister's Name	Age	Attending Park Shore (circle)	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

My child's favorite activities at camp are: (check all that apply)

- | | | | | |
|--|--------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Music | <input type="checkbox"/> Sky Trail |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Dance | <input type="checkbox"/> Kickball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Nature | <input type="checkbox"/> Puppetry | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Pedal Karts | <input type="checkbox"/> Beach Volleyball | <input type="checkbox"/> Remote Control Cars | <input type="checkbox"/> Rock Wall |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Playground | <input type="checkbox"/> Baking & Cooking | <input type="checkbox"/> Bungee Trampoline | |

List others here:

My child's main interests are:

I would like my child to accomplish the following:

My child likes to eat the following foods:

My child does not like the following foods:

My child is not allowed to eat the following foods:

Please give us a brief introduction to your child:

**Park Shore Country Day Camp and School
Health Form 2011**

450 Deer Park Road, Dix Hills, NY 11746-5205
Phone # (631) 499-8580 * Fax # (631) 499-6917

The information on this form is to assist us in planning appropriate care. Any information updates should be provided to the office prior to your child's arrival to Park Shore. Please provide complete information.

Camper's Name _____
Last First Middle

Birth date _____ Age at camp _____ Present Grade (2010 - 2011) _____ Sex _____

Home address _____ Home phone _____
Street address City Zip

Father's Name _____ Home address _____
(if different from above)

Business Phone _____ Cell Phone _____

Mother's Name _____ Home address _____
(if different from above)

Business Phone _____ Cell Phone _____

Emergency Contact (Other than parents) Relationship Home/Work/Cell Phone

Allergies (List all known)

Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

Restrictions (The following restrictions apply to this individual.)

Does not eat: ___ Red meat ___ Pork ___ Dairy Products ___ Poultry ___ Seafood ___ Eggs ___ Other (describe) _____

Explain any restrictions to activity (e.g. What accommodations or limitations are necessary?)

*IN THE EVENT THAT I OR MY CONTACTS CANNOT BE REACHED IN AN **EMERGENCY**, I HEREBY GIVE MY PERMISSION TO PARK SHORE, THE LOCAL AMBULANCE/FIRE DEPARTMENT, MY FAMILY PHYSICIAN, ANY LOCAL PHYSICIAN, OR THE NEAREST HOSPITAL TO ADMINISTER EMERGENCY TREATMENT AND CARE. I FURTHER GIVE MY PERMISSION FOR ALL PERTINENT HEALTH INFORMATION TO BE DUPLICATED AND RELEASED TO THE APPROPRIATE PERSONNEL FOR EMERGENCY CARE.*

Signature of Parent/Legal Guardian

Date

In order to better accommodate your child's needs; does your child receive special services in school or anywhere else? ___ Yes ___ No

If yes, please explain. _____



Dear Parents,

There may come a time when your child may require the administration of medication during the camp season and during camp hours. In the event that this occurs, our Professional Registered Nurses will dispense the medication **if and only if** the enclosed *Written Medication Consent Form* accompanies the medication. This form must be filled out in its entirety, completed by your physician and signed by you. According to the New York Department of Health, and the New York State Department of Education's Nurse Practice Act, the medicine, itself, must be supplied in its **original prescription bottle or manufacturer's bottle** (in the case of over-the-counter medication) with the child's name, the name of the medication, dosage instructions, physician's name, pharmacy's name and date. If you and your physician deem it necessary that your child carries his/her medication, then please call the camp for a *Self-Administration Medication Consent Form* and it will be mailed to you promptly.

If your child has been absent due to an illness or injury that required a visit to your health care provider, a note from your physician **must include the statement that your child may return to camp**, with specific activity restrictions, if applicable. In the health interest of all campers and staff at Park Shore and our vigilance in keeping all of Park Shore's campers healthy, we have enclosed guidelines for when you should keep your child home from camp. Please review this important and valuable information.

There may come a time when one of our Professional Registered Nurses or our Health Care Directors may contact you if your child was seen in the Health Center. The call may just be a means of communicating that your child was seen briefly or that your child is feeling ill and is unable to participate in the camp's activities or that your child needs to go home or it is the decision of one of our Registered Nurses or Health Care Directors that your child be seen by their physician or health care provider. Many of these calls are routine calls and it is felt that it is in the best interest of your child that communication is initiated. These calls and procedures are part of the comprehensive health care that is delivered at Park Shore Country Day Camp.

If you have any questions, please feel free to contact the Park Shore Health Center between the hours of 8:30 am and 4:30 pm at (631) 499-2070 beginning Monday, June 27th through Friday, August, 19th. Thank you.

Best wishes,

Monica Diamond-Caravella, MSN, RN, PMC
Health Care Director

Marilyn Byron, EMT-CC
Health Care Director

Bob & Chuck Budah
Owners/Directors



450 Deer Park Road • Dix Hills, NY 11746
(631) 499-8580 • www.parkshoredaycamp.com



Park Shore Country Day Camp

450 Deer Park Road, Dix Hills, NY 11746-5205
 Phone # (631) 499-8580 *Fax # (631) 499-6917

Written Medication Consent Form

Child's First and Last Name:	Date of Birth:	Child's Known Allergies:
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Authorized prescriber to complete:

Licensed Authorized Prescriber's Name:		Licensed Authorized Prescriber's Telephone Number:	
Name of Medication (including strength if applicable):	Amount/Dosage to be Given:	Route of Administration:	
Date to be Discontinued or Length of Time in Days to be Given:	Time(s) to be Given:	Refrigeration Required: Yes <input type="radio"/> No <input type="radio"/>	
Reason for Taking Medication (unless confidential by law):			
Possible Side Effects:		What Action to Take if Side Effects are Noted:	
Special Instructions: (include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies, or any pre-existing conditions. Also describe situations when medication should not be administered)			
For PRN medication only: Identify the Symptoms That Will Necessitate Administration of Medication:			

Medication Consent/Authorization

I, _____ authorize Park Shore Country Day Camp's Licensed Registered Nurses to
 (Parent/Legal Guardian)
 administer the medication listed above to my child, _____ in Group _____.
 (Child's Name)

Required Signatures

_____ Licensed Authorized Prescriber's Name (please print)	_____ Licensed Authorized Prescriber's Signature	_____ Date
_____ Parent or Legal Guardian's Name (please print)	_____ Parent or Legal Guardian's Signature	_____ Date
_____ Name of Registered Nurse (please print) (for office use only)	_____ Registered Nurse Signature (for office use only)	_____ Date Received from Parent (for office use only)

When Is a Child Too Sick To Attend Camp? (as recommended by the American Academy of Pediatrics and adapted from Guidelines from the Child Care Council of Suffolk, Inc.)

GUIDELINES

1. Illness that results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
2. Fever defined by **100.4 degrees F or higher**. May return after **24 hours without fever**.
3. Diarrhea as defined as **one abnormally loose stool in the past 24 hours** or cannot be contained within toilet use. May return to camp **after diarrhea is resolved** and child is feeling well.
4. Effortful vomiting with or without fever after 6 pm the preceding evening. May return to camp when child has stopped vomiting for **at least 24 hours**.
5. Rash with fever or a rash that is possibly infectious (open, draining lesions). May return to camp when **determined noninfectious by physician**.
6. Severe sore throat or trouble swallowing with or without fever. Child may return to camp **after 24 hours after antibiotic treatment has been initiated and 24 hours without fever**.
7. Severe coughing, a croupy or whooping cough sound. Child may return when it is **determined noninfectious by physician**.
8. Constant runny nose.
9. Infected skin patches that are crusty, bright yellow, dry or gummy. May return to camp **24 hours after start of topical antibiotics (if prescribed) and determined noninfectious by physician**.
10. Severe itching of the body or scalp.
11. Purulent conjunctivitis ('pink eye') as evidenced by tears, redness of eyelid lining and irritation, followed by swelling and discharge of pus. Child may return to camp **after 24 hours after treatment has been initiated**.
12. Any contagious disease such as mononucleosis, chicken pox, etc.
13. If an antibiotic has been given for an ear infection, **wait 24 hours** before sending your child back to camp.
14. Mouth sores associated with drooling (in children unable to control oral secretions), fever, and poor appetite.

Keeping children home from camp when ill prevents the spread of disease.



JUNE 27TH - JULY 22ND FIRST 4-WEEK SESSION




MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
27 PS BURGER ON A BUN BAKED FRENCH FRIES TOSSED SALAD PICKLE CHIPS DESSERT BEVERAGE	28 PARK SHORE CHICKEN FRIES FRESH CORN NIBBLETS TOSSED SALAD DESSERT BEVERAGE	29 MACARONI & CHEESE TOSSED SALAD ITALIAN BREAD DESSERT BEVERAGE	30 FRENCH TOAST STICKS HASH BROWNS FRUIT DESSERT BEVERAGE	1 PARK SHORE PIZZA TOSSED SALAD DESSERT BEVERAGE
CAMP CLOSED	5 CHICKEN TENDERS FRESH CORN NIBBLETS TOSSED SALAD DESSERT BEVERAGE	6 BOB & CHUCK'S BACKYARD BBQ	7 FRENCH TOAST STICKS HASH BROWNS FRUIT DESSERT BEVERAGE	8 PARK SHORE PIZZA TOSSED SALAD DESSERT BEVERAGE
	11 PS BURGER ON A BUN BAKED FRENCH FRIES TOSSED SALAD PICKLE CHIPS DESSERT BEVERAGE	12 FIESTA TACOS FRESH CORN NIBBLETS TOSSED SALAD DESSERT BEVERAGE	13 MACARONI & CHEESE TOSSED SALAD ITALIAN BREAD DESSERT BEVERAGE	14 CHICKEN CUTLET ON A BUN (WITH OPTIONAL BBQ SAUCE) FRESH CORN NIBBLETS TOSSED SALAD DESSERT BEVERAGE
18 PS BURGER ON A BUN BAKED FRENCH FRIES TOSSED SALAD PICKLE CHIPS DESSERT BEVERAGE	19 PARK SHORE CHICKEN FRIES FRESH CORN NIBBLETS TOSSED SALAD DESSERT BEVERAGE	20 BAKED ZITI PARMIGIANA TOSSED SALAD ITALIAN BREAD DESSERT BEVERAGE	21 PARK SHORE PIZZA TOSSED SALAD DESSERT BEVERAGE	22 END OF FIRST SESSION BANQUET



JULY 25TH - AUGUST 19TH SECOND 4-WEEK SESSION




MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
25 PS BURGER ON A BUN BAKED FRENCH FRIES TOSSED SALAD PICKLE CHIPS DESSERT BEVERAGE	26 CHICKEN CUTLET ON A BUN (WITH OPTIONAL BBQ SAUCE) FRESH CORN NIBBLETS TOSSED SALAD DESSERT BEVERAGE	27 MACARONI & CHEESE TOSSED SALAD ITALIAN BREAD DESSERT BEVERAGE	28 FRENCH TOAST STICKS HASH BROWNS FRUIT DESSERT BEVERAGE	29 PARK SHORE PIZZA TOSSED SALAD DESSERT BEVERAGE
1 PS BURGER ON A BUN BAKED FRENCH FRIES TOSSED SALAD PICKLE CHIPS DESSERT BEVERAGE	2 PARK SHORE CHICKEN FRIES FRESH CORN NIBBLETS TOSSED SALAD DESSERT BEVERAGE	3 BAKED ZITI PARMIGIANA TOSSED SALAD ITALIAN BREAD DESSERT BEVERAGE	4 FIESTA TACOS FRESH CORN NIBBLETS TOSSED SALAD DESSERT BEVERAGE	5 PARK SHORE PIZZA TOSSED SALAD DESSERT BEVERAGE
8 PS BURGER ON A BUN BAKED FRENCH FRIES TOSSED SALAD PICKLE CHIPS DESSERT BEVERAGE	9 CHICKEN CUTLET ON A BUN (WITH OPTIONAL BBQ SAUCE) FRESH CORN NIBBLETS TOSSED SALAD DESSERT BEVERAGE	10 MACARONI & CHEESE TOSSED SALAD ITALIAN BREAD DESSERT BEVERAGE	11 FRENCH TOAST STICKS HASH BROWNS FRUIT DESSERT BEVERAGE	12 PARK SHORE PIZZA TOSSED SALAD DESSERT BEVERAGE
15 PS BURGER ON A BUN BAKED FRENCH FRIES TOSSED SALAD PICKLE CHIPS DESSERT BEVERAGE	16 PARK SHORE CHICKEN FRIES FRESH CORN NIBBLETS TOSSED SALAD DESSERT BEVERAGE	17 BAKED ZITI PARMIGIANA TOSSED SALAD ITALIAN BREAD DESSERT BEVERAGE	18 PARK SHORE PIZZA TOSSED SALAD DESSERT BEVERAGE	19 END OF SECOND SESSION BANQUET

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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PARTY IN THE U.S.A.

 <p>27 WELCOME BACK GETTING TO KNOW YOU</p>	 <p>28 GETTING TO KNOW YOU</p>	 <p>29 CAMP PICTURES</p>	<p>SAY CHEESE! 30  JRS & SRS - TEAM BUILDING CELEBRATION</p>	<p>WEAR RED, WHITE & BLUE 1  PRE-SCHOOLERS - BRING IN THE PUPPETS WITH JANICE BUCKNER</p>
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CATCH THE MOMENT - ENJOY THE FUN

 <p>4 CAMP CLOSED</p>	<p>5 KARAOKE LUNCH BOUNCE RIDES</p>	 <p>6 SILLY SOCK DAY</p>	<p>7 JR/SR ROCK STAR/DIVA DRESS-UP DAY PRE-SCHOOL PIRATE & PRINCESS PARTY</p>	 <p>8 SNACK SHACK GRAND OPENING CHIP BRYANT COMEDY SHOW</p>
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TROPICAL DREAMS

 <p>11 SWIM VISITATIONS JULY CAMPERS ONLY SLIP N SLIDES</p>	<p>12 PRE-SCHOOL ZUMBATONIC SLIP N SLIDES CAKE DECORATING</p>	 <p>13 PATCHES & BUTTONS POOL PARTY</p>	 <p>14 CAMPER CAR WASH</p>	 <p>15 BIRTHDAY BASH</p>
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FESTIVAL OF FUN

 <p>18 PAJAMA DAY!!!</p>	 <p>19 CARNIVAL RIDES</p>	 <p>20 CARNIVAL GAMES</p>	 <p>21 WACKY HAIR DAY</p>	 <p>22 JULY FAREWELL BANQUET STEVE MAX THE SIMON SEZ GUY</p>
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MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

ULTIMATE CLASSIC "GAME ON"

<p>WELCOME AUGUST CAMPERS 25 BOUNCE RIDES</p>	<p>PETTING ZOO & PONIES 26</p> 	<p>CAMP PICTURES 27 SAY CHEESE!</p> 	<p>28 HUMAN TIC TAC TOE FINALS</p> 	<p>29 SENIOR SKIT CONTEST</p> 
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HUMAN TIC TAC TOE

ISLAND BREEZE & ADVENTURE

<p>BROADWAY COMES TO PARK SHORE 1 PRE-SCHOOL REVUE 8/1 - 8/3</p> 	<p>LUNCH TIME MAGIC 2</p>	<p>3 PATCHES & BUTTONS POOL PARTY</p> 	<p>4 SLIP N SLIDES</p> 	<p>5 JUNIOR SKIT CONTEST</p> 
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SENIOR DIVISION LATE NIGHTS 8/1 - 8/4

LET'S GET READY TO RUMBLE

<p>8 PARK SHORE SPIRIT DAY WEAR ORANGE & BLUE</p> 	<p>9 MINUTE TO WIN IT CHALLENGES</p>	<p>10</p> 	<p>11 CRAZY HAT DAY</p> 	<p>12 BIRTHDAY BASH</p> 
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JUNIOR DIVISION LATE NIGHTS 8/8 - 8/11

LIGHTS. CAMERA. ACTION!!

<p>15 CABARET KIDS PERFORM</p> 	<p>16 DRESS YOUR COUNSELOR LIKE A ROCK STAR</p> 	<p>17 PARK SHORE'S GOT TALENT</p> 	<p>18 DIVISIONAL AWARDS CEREMONY</p> 	<p>19 JONATHAN GEFFNER JUNGLE BOB CANDY ON MAIN GAME IN RIDE AUGUST FAREWELL BANQUET</p> 
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