

Welcome to Basketball Camp!

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Please keep the following documents for your reference.

Camp FAQ'S

Q: Where do I drop off/pick up my child?

A: Campers should be dropped off at the sports court building (the last building on the left) not before 8:50am. Pick up for campers should be completed by 3:10pm.

Q: What if my child arrives late to camp, is being dismissed early or is going to be absent from camp?

A: Attendance is taken daily and we ask parents to notify the front desk at **Kingsbury Club at 508-359-7800** if their child will be absent from camp without prior notice. Late arrivals need to be accompanied by their parent to their scheduled activities.

For early dismissals, parents and/or authorized adults on the signed authorization form will be able to pick up the camper at their scheduled activity and notify the appropriate camp Director/Counselor.

In the event of an emergency, if a person not previously authorized is to pick up a child, the parent must notify the appropriate Director by phone or written note and the adult being authorized must provide photo identification.

Q: Who do I contact with questions/problems or any changes for my child in regard to camp?

A: Activities & Extended Day Camp Director – Christo Lagos at 508-359-7800

Q: What should my child bring to camp?

A: Campers need to dress to play basketball and go swimming. We suggest that parents label all belongings with the camper's name. In addition, campers need to bring **lunch (or purchase a children's meal through Ice House) and a mid-morning snack, water bottles, sunscreen, bug spray, a towel, and bathing suit**. Water refill stations will be available throughout the day for campers to re-fill their water bottles.

Camp participants should wear their basketball attire in the morning.

Please note that the Kingsbury Club is not responsible for any lost or stolen items. Campers are asked **NOT** to bring personal items from home such as iPod, electronic games etc. Please note campers with cell phones will be asked to keep them turned off and kept with their personal belongings.

Q: What is the make-up policy if my child misses a day of camp?

A: There are no make-ups or credits for missed days. Please notify us in advance (if possible) if your child will miss a day due to illness.

Q: What will my child's day be like?

A: **Activities Camp** schedule includes 30-45 minutes free swim from 12:30 to 1 or 1:15. Before and after the campers will participate in early morning calisthenics, basketball fundamentals, drills, games, and reinforcement of what they learned throughout the day.

Extended Day Campers –will be integrated into the Activities camp for all afternoon activities.

Q: Who will be overseeing the camp?

A: **Activities Camp and Extended Day** Camp will be overseen by Sports Coordinator **Christo Lagos and Lori Costa**, along with a staff of Kingsbury trained counselors.

Please do not hesitate to call with any questions/concerns as our goal is to make your child's camp experience the best one ever!

Basketball Camp Sample Schedule

We are excited about this year's summer camp. Below is a sample day in the life of a camper at Basketball Camp. Weekly themes will be incorporated in daily schedule.

<u>Time</u>	<u>Activity</u>
8:50 am	Drop Off/Attendance
9:00 am	Attendance confirmation
9:15 am	Dynamic warmup
9:30 am	Introduction of New Skill
10:30 am	Mini Game/Competition
11:30 am	Reinforcement of Past Skills
12:00 pm	Swimming
12:30 pm	Lunch**
1:00 pm	Basketball Games
2:00 pm	Competition
2:30 pm	Summary of Day's program
3:00 pm	Pick Up and Ice Cream
3:00 pm - 6:00 pm	Extended Day

**Campers may bring their own lunch or purchase a kids meal through Ice House/Snack Shack.
The lunch form will be in the registration form that you fill out.*

What to Bring to Camp

- Lunch
- Water bottle
- Sunscreen
- Towel
- Bathing suit
- Swimsuit

Meningococcal Disease and Camp Attendees FAQs

Q: What is meningococcal disease?

A: Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease can include fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes.

Q: How is meningococcal disease spread?

A: These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Q: Who is most at risk for getting meningococcal disease?

A: People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Q: Are camp attendees at increased risk for meningococcal disease?

A: Children attending day or residential camps are not considered to be at an increased risk for meningococcal disease because of their participation.

Q: Is there a vaccine against meningococcal disease?

A: Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Q: Should my child or adolescent receive meningococcal vaccine?

A: That depends. Meningococcal conjugate vaccine (Menactra and Menveo) is routinely recommended at age 11-12 years with a booster at age 16. In addition, this vaccine may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is not recommended for attendance at camps. Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

Q: How can I protect my child or adolescent from getting meningococcal disease?

A: The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should: wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty); cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve. not share food, drinks or eating utensils with other people, especially if they are ill. 4, contact their healthcare provider immediately if they have symptoms of meningitis. If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at www.mass.gov/dph. Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219 and 105 CMR 430.157(C). Massachusetts Department of Public Health, Division of Epidemiology and Immunization, 305 South Street, Jamaica Plain, MA 02130 Updated March 2018

**Please complete and return the following documents by the week
before camp attendance to:**

Kingsbury Club Medfield
2 Ice House Road, Medfield, MA 02052
Attn: Christo Lagos

Basketball Camp Health Form

Health History

Camper Name: _____ Address: _____
 Parent Name: _____ Primary email: _____
 Home Phone: _____ Work Phone: _____ Cell: _____
 Doctor: _____ Phone: _____
 Dentist: _____ Phone: _____
 Emergency Contact if unable to reach parent: _____ Phone: _____
 Relationship to camper: _____

Insurance Information

Is the Camper covered by Medical/Hospital Insurance? ___ yes ___ no
 If yes, Insurance Provider: _____ Camper Policy number: _____

Allergies

List all known. Describe reaction and management of reaction.

Medications allergies (list all):

Associated Reaction & Management

Food allergies (list all): _____

Other i.e. Insect sting, asthma etc.: _____

Medications

Please list ALL medications taken routinely.

___ This person takes no medication routinely OR ___ This person takes medication as follows:

Med #1 _____ dosage _____ time(s) _____

Reason for taking _____

Med #2 _____ dosage _____ time(s) _____

Reason for taking _____

Please provide description of any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions, accommodations or considerations while at camp.

Please describe any camp activities from which the camper/staff should be exempted for health reasons.

List any past medical treatment (i.e. recent injuries, illness, surgery etc.)

Please attach a copy of the most recent MD physical done within the last 12 months including day/month/year of ALL basic immunizations and all booster doses.

Please complete the Parent Authorizations form on the next page.

Parent Authorizations

1. I give permission to the camp health supervisor to share information relevant to my child's health condition with appropriate camp personnel when needed to meet my child's health and safety needs.
2. I give the camp health supervisor permission to exchange information with my child's Primary Care Physician for the purpose of referral, diagnosis, and treatment.
3. I give the camp health supervisor permission to administer Tylenol, Advil, Motrin, ibuprofen, cough drops, and/or over-the-counter medications as deemed necessary. Manufacturer's dosage guidelines shall be used.
4. I give the camp health supervisor permission to delegate medication administration to non-licensed personnel after proper instruction on the dose, route, frequency and reason for administration of the medications(s) when deemed safe and appropriate. Staff is instructed to activate EMS in emergency situations.
5. In the event reasonable attempts to contact me by phone have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist and for the transfer of my child to any hospital reasonably accessible.
6. I agree to the release of any records necessary for insurance purposes.
7. The camper herein described has permission to go on off campus trips (if applicable).
8. I give permission for the contact, insurance, and parent/guardian sections of any forms to be photocopied for off campus trips (if applicable).
9. Risk Warning Statement-
The Kingsbury Camp asks campers to participate in a variety of activities throughout the season. Many of these activities carry some risk of injury. The camp makes every effort to provide:
 - Safe transportation
 - Safe equipment and facilities
 - Competent instruction and supervisionIt is important that the camp has a record of your acknowledgement of these risks, and we ask you to sign and return this form. It is a statement agreeing that you understand that there are risks involved for campers involved in camp-sponsored activities.
10. I understand that my child will not be allowed to attend Kingsbury Camp until I have provided health records fully in compliance with state and local regulations. I understand and agree that it is the responsibility of the parent/guardian to provide the completed health information.

Signed _____ Date _____
Parent/Guardian Signature

Authorization to Administer Medication to a Camper

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Medication Information 2	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:

Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Authorization Information	
I hereby authorize the health care consultant or properly trained health care supervisor at Basketball Camp to administer, to my child, _____ the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D) [see below].	
<p>If above listed medication includes epinephrine injection system: I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
Signature of Parent/Guardian:	Date:

Health Care Consultant at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

General Information



Camper's Name: _____

Week(s) Attending: _____

Parent Camper Release Authorization

Person(s) other than parents authorized to pick up camper:

Name	Phone	Relationship to Camper
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1. _____

2. _____

Parent Signature	Print Name	Date
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\$50/per week non-refundable deposit taken

Balance will be taken at the end of each week. Check payable to Kingsbury Club OR Please charge the credit card below if Christo Lagos, Camp Director, has not contacted you.

CC# _____ Exp. Date _____ CVV: _____

Name on Card: _____ Signature: _____

Extended Day

Week(s): _____

Day(s): _____

Time(s): _____

Sunscreen/Insect Repellent Application Authorization

Sunscreen/Insect Repellent Policy: Parents are responsible for applying sunscreen to their child(ren) prior to arrival at camp. Children should bring additional sunscreen to apply throughout the day. When necessary, staff will assist with the application of sunscreen/insect repellent spray. Should parents request that sunscreen lotion/insect repellent be applied, parents will be required to complete this Sunscreen Lotion/Insect Repellent Authorization Form granting staff permission to assist with application and tape or rubber band the form to the bottle. All sunscreen/insect repellent bottles will remain in our staff's care and will be easily accessible. Additionally, parents may also encourage their child to wear a hat, wear sunglasses, and wear UV protective clothing when playing outdoors. Please teach your child(ren) how to apply sunscreen correctly and talk with your child(ren) about the importance of applying sunscreen.

Camper's Name _____

As a parent or guardian of the above child(ren), I give permission for the staff at Basketball Camp to apply sunscreen/insect repellent product on my child, as specified below, when he/she will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen/insect repellent:

Staff may use the sunscreen that I am providing with this form

Brand _____ SPF _____

___ In the event that my provided sunscreen is not available, I give permission to use any available sunscreen

___ Please do not apply sunscreen to the following areas of my child(ren) body:

Parent/Guardian Signature _____

Date _____