



## Children's Museum of St. Tammany Summer Camp Parent Information

Thank you for being a part of our summer camps at the Children's Museum of St. Tammany this summer! The following items will review the procedures that will be utilized during both Camp Curiosity and NASA's ASTRO CAMP.

### Morning Carline:

Morning carline for both camps runs from **8:30AM-9:00AM**. Staff members will be waiting in the carline area to receive campers. Please see the attached map.

### Late Arrival:

Campers that arrive after 9:00AM must be walked in by an adult through the front entrance of the Museum. Campers should not be dropped off alone to walk to the building.

### Afternoon Carline and Pick-up:

Afternoon Carline begins at 3:00PM. All campers will be issued a carline sign with the last name of the camper.

The sign should be placed in the windshield of the car picking up the child. If a carline sign is not visible or if the person picking up the child does not have a sign, they must show proof of ID **and** be listed on the child's authorized pick-up list. If the person's name is not listed, CMST staff will not release the child from our care until a parent or guardian can confirm and approve the release of their child to that person. All changes of schedules and pick-ups should be relayed to the office before 2:00PM.

### Camp Attire:

Campers in both camps must wear their camp shirt every day. Closed toed shoes and socks are required. Tennis shoes are recommended. Additional camp t-shirts can be purchased through the office for \$12.00.

### Change of Clothes (*Camp Curiosity*):

Campers enrolled in Camp Curiosity must bring a change of clothes in a backpack or zip lock bag. This must include a shirt, shorts, underwear, socks, and extra shoes. All articles of clothing should be marked with camper's name. Campers in in Camp Curiosity must be potty trained to attend camp.

### Toys and Electronic Devices:

Toys or electronic devices should not be brought to camp. If a camper needs to make a phone call, they will be allowed to use the office phone. If a parent needs to get in touch with a camper, they will need to call the office. All changes of schedules and pick-ups should be relayed to the office before 2:00PM.

### Lunches and snacks:

All campers must bring prepared lunch each day, no microwavable food or energy drinks. Water will be provided to campers. Campers should also bring an afternoon snack. Campers should bring a refillable water bottle to camp each day. **\*\*PLEASE NOTE\*\* We are a Food Allergy Aware Camp. We have campers with severe food allergies. We are a nut-free facility. Please do not pack any lunches or snacks containing peanuts or tree nuts.**

Please be mindful when packing your child's lunch and snacks for the day. *Please contact Julie Mendes with any questions or concerns.*

**Emergency Information:**

Each camper must have the emergency card completed before the first day of camp. This card will remain on file at the Museum and will accompany staff for any field trips (Astro Camp). **All regular medications, health issues, allergies, or other recurring health problems must be noted on this form.**

**Camp Fees:**

All camp sessions must be paid in full before the first day of camp. There will be no credits, makeup days, or refunds if a camper is unable to attend camp.

**Weather Emergencies:**

In the case of a weather emergency or closure due to a weather emergency, CMST staff will notify the parent/guardian through phone call, text, and/or email. Please note that CMST will make decisions for closures or late drop-off/pick-up with the safety of all campers and staff in mind.

**Photo and Press Release:**

As a camp participant, your child may have their photo and/or name included in our news releases, social media or the Children's Museum of St. Tammany's website. By registering your child and completing this form, you acknowledge and authorize this action. Astro Campers will need a sign release (included) for the Camp Director to return to NASA.

**Required Forms:** Please return all forms as soon as possible. Required forms are included in this packet. Campers will not be allowed to participate until all forms are returned. Forms can be completed and emailed to [jmendes@cmstkids.org](mailto:jmendes@cmstkids.org), mailed to the Museum at 21404 Koop Drive, Mandeville, LA 70471, or dropped off during open hours of operation.

- **Summer Camp Emergency Form**
- **Medication Authorization Form**
- **Media Release for Minor (Astro Camp)**

## **CAMPER CODE OF CONDUCT**

Staff will work with children to correct behavior problems. This may include talking about the behavior, mediating conflicts between campers, giving time outs or limiting camp activities that the child may participate in. If behavior continues, the punishments may increase to suspension from camp or termination of their time at camp. Camp staff will contact parents to let them know if bad behavior is progressing to a point where suspension may be warranted.

There are some behaviors that may lead to a child being suspended or expelled from camp without notice. These can include behaviors such as hitting, fighting, running away from the group or showing extreme disrespect to other campers, staff, camp property or to themselves. If we do call home to have a child picked up, we do require that it happen as soon as possible. A delayed pick up may result in suspension from camp the next day.

Camper's attendance will be terminated if a camper engages in vandalism, theft, or unnecessary roughness, uses obscene or threatening language, or acts in an abusive or intimidating manner to other campers or staff including cyber-bullying. Staff are responsible for enforcing the Camper Code of Conduct. Refunds are not given for suspension or termination.

## **COMMUNICATIONS WITH CAMP**

We realize that parents will have lots of questions about camp and we want to do our best to have good communication with you. If you have questions or concerns about camp, please let us know.

Phone: 985-888-1555

Email us at: [jmendes@cmstkids.org](mailto:jmendes@cmstkids.org)

We will try to respond to you as soon as the camp day allows. If you send a note into camp, please be sure to include your child's name and group number, the date of the note and clearly explain what you need so that we can be sure to respond correctly.

## **CAMP EVALUATIONS**

Each session you will receive a camp evaluation. This tool allows us to see how we are doing. It is a chance for you to tell us what we are doing well and how we can improve. Please take the time to complete these evaluations when they come to you.



# Camper Health and Medication Policy Health Policy

Children who are unable to participate in the day's activities should not be in attendance. This may be a hardship on families, but is necessary for the health and safety of staff and all campers. If a camper is sent home from ASTRO CAMP® or Camp Curiosity due to illness, instructions will be given to the parents regarding return.

## Health and Care Guidelines

1. Children who appear ill on arrival to any camp session including rash, vomiting, diarrhea, fever, red eyes with mucous discharge, head lice, or who may be experiencing signs of a communicable ailment, cannot be admitted to the program without written clearance from a physician stating that the child is cleared to participate and is not contagious.
2. Children who become ill during the course of the day with any of the above symptoms, or other serious indicators of illness, must be checked out of camp by a parent immediately. Failure to do so will result in disenrollment from the program.
3. The Children's Museum of St. Tammany (CMST) staff may transport the camper to the nearest medical clinic by ambulance if immediate treatment is required.
4. All parents will be notified if the CMST staff becomes aware that a camper has exposed others to a communicable disease.
5. Children with special needs will be accommodated whenever possible. Before registering a child, parents should consult with the CMST staff if a special need exists. If at all possible, parents should adjust medication schedules so that the CMST staff are not responsible for administering medications during camp. If no other alternative exists, the decision to administer medication will be on a case-by-case basis.
6. A doctor's note is required for re-admission to camp after a communicable ailment.
7. Only oral or inhaler medications will be routinely administered.
8. Emergency or "rescue" medications (such as an EpiPen or an asthma inhaler) will be kept in the same location as a camper, but will only be utilized in the event of a medical crisis. Parents will be notified as soon as possible after such medication is administered. **Medication administration process for prescription medicines and over-the-counter topical medications may be administered by the CMST staff if the following conditions are met:**
  1. A written action plan of administration and steps must be discussed with the camp director prior to the start of camp. Campers will not be allowed to begin camp if a written action plan has not been discussed and approved on by both parties.
  2. Medication must be in original bottle/container. Containers for medications must have child-resistant packaging.
  3. Packages for medication must include original pharmacy label. The pharmacy label will include the child's first and last name; date prescription filled and expiration date; name of health care provider; instructions for administration (dosage, frequency) and storage; name and strength of medication must appear on the bottle/container of all prescription medications.

# Summer Camp Medication Authorization Form

A Summer Camp Medication Authorization Form must be completed and signed by a parent or guardian and submitted before the first day of camp before any medications can be administered. Staff will log all medications given on the medication form. **If your child does not require medications to be administered, please write N/A in the first block and sign and date this page at the bottom.**

Child's Name: \_\_\_\_\_

<b>Name of Medication</b> _____ <b>Prescription</b> ___ <b>OTC</b> ___ (check one)
<b>Inclusive Dates – Begin:</b> _____ <b>Finish:</b> _____
<b>Dosage:</b> _____ <b>Time:</b> _____
<i>If prescription medication, please list name of authorizing physician.</i>
<b>Authorizing Physician:</b> _____ <b>Phone number:</b> _____

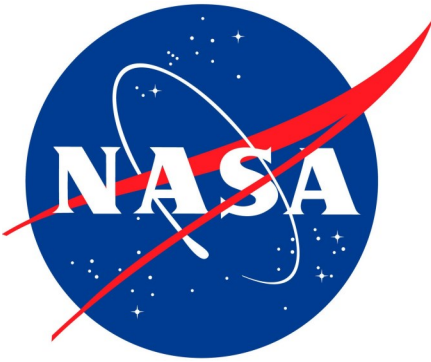
<b>Name of Medication</b> _____ <b>Prescription</b> ___ <b>OTC</b> ___ (check one)
<b>Inclusive Dates – Begin:</b> _____ <b>Finish:</b> _____
<b>Dosage:</b> _____ <b>Time:</b> _____
<i>If prescription medication, please list name of authorizing physician.</i>
<b>Authorizing Physician:</b> _____ <b>Phone number:</b> _____

***(Please use separate sheet of paper to list more medications)***

TO BE COMPLETED BY CMST STAFF ONLY			
Date Administered	Personnel Dispensing Medication	Time	Dosage Given

In the event of a medical emergency, I hereby authorize CMST medical personnel designee to treat my child, who may be transported to the nearest medical facility, including a medical hospital. I also hereby confirm that I have read and will comply with the "Camper Health and Medication Policy"

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Media Release for Parent and Minor

I, \_\_\_\_\_, am the parent/guardian/legal representative of  
*(Please print your name)*

\_\_\_\_\_ and do hereby give permission for the above-named minor child  
*(Please print name of child)*

(hereinafter "Minor") to be photographed and/or videotaped by NASA or its representatives. I understand and agree that the photographs and/or videotapes containing the image and/or voice of the Minor may be used in the production of instructional and/or promotional materials produced by or on behalf of NASA (hereinafter the "Program") and that such materials may be distributed or broadcast to the public and displayed publicly. I also understand that my permission to use the photographs and videotapes is for an unlimited duration and that neither I nor the Minor will receive any compensation for granting the permission or for the use, if any, by NASA of the Minor's image and/or voice.

I acknowledge that NASA has no obligation to use the Minor's image or voice in connection with the Program.

I hereby unconditionally release NASA and its representatives from any and all claims and demands arising out of the activities authorized under the terms of this agreement.

By signing below, I represent that I am at least 18 years of age and am the parent/guardian/legal representative of the above-named Minor. I have read the foregoing agreement and am familiar with all of the terms and conditions thereof and I consent to its execution by the Minor. I agree that neither I nor the Minor will revoke or disaffirm this agreement at any time.

Signature of Parent/Guardian/Legal Representative of Minor: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Location of Event: Children's Museum of St. Tammany

Signature of Minor: \_\_\_\_\_

**CHILDREN'S MUSEUM OF ST. TAMMANY CAMP EMERGENCY CARD**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Camp \_\_\_\_\_  
(Curiosity or Astro)  
 \_\_\_\_\_  
ADDRESS CITY, STATE ZIP

Parent/Guardian 1 Name \_\_\_\_\_  
 Primary Phone Contact \_\_\_\_\_ Secondary Phone Contact \_\_\_\_\_  
 Parent/Guardian 2 Name \_\_\_\_\_  
 Primary Phone Contact \_\_\_\_\_ Secondary Phone Contact \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Names of local people (other than parent) to call in case of an emergency and who are authorized to have access to Health Information.*

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Special Medical Conditions (medicine or food allergies, physical disorders, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUTHORIZATION CARD**

Names of people (other than parent) authorized to pick up child:

1. Name _____	Phone _____	5. Name _____	Phone _____
2. Name _____	Phone _____	6. Name _____	Phone _____
3. Name _____	Phone _____	7. Name _____	Phone _____
4. Name _____	Phone _____	8. Name _____	Phone _____

The persons listed on either side of this card have my permission to sign my child out from the Children's Museum of St. Tammany's Camp Programs. They will take full responsibility for the care and safety of my child.  
 \*\*\*\*\*

In the event of illness or injury during school hours, an emergency care procedure will be followed. A staff member will attempt to contact one or both parents. If the parents cannot be reached, the 3 emergency telephone numbers will be called. If none of the above can be reached, I give my permission for a Children's Museum of St. Tammany staff member to administer and/or secure medical treatment at the nearest medical facility. I understand and give my permission to follow the stated procedure in the event of an emergency. I authorize Children's Museum of St. Tammany to care for my child during the time he/she is at the Children's Museum of St. Tammany.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete this form, PRINT and submit it to the camp office before the first day of camp.  
 To email this document, save it to a location on your computer so that you will be able to access it.  
 Email to Julie Mendes, [jmendes@cmstkids.org](mailto:jmendes@cmstkids.org)



# Do you have all of the forms completed?

## Parent Authorization and Release Form Checklist

The following forms must be fully completed and submitted prior to the first day of camp. Campers will not be allowed to participate until these forms completed and returned.

- \_\_\_ **Medication Authorization Form** (page 4 - ALL Camps)
- \_\_\_ **NASA Media Release for Parent and Minor** (page 5- Astro Camp Only)
- \_\_\_ **Emergency Card/Authorization Card** (page 6 - ALL Camps)

Office use only:

Registration completed: \_\_\_\_\_

Date Forms Received: \_\_\_\_\_

Notes: