



Hudson Valley Council



Camp Bullowa

**Cub Scout Day Camp
2019**





CAMP BULLOWA:

Thank you for registering your child to attend Cub Scout Day Camp at Camp Bullowa this season. We wanted to tell you about some of our plans for the summer and help you and your child prepare for camp. The information below provides answers to many frequently asked questions. If you have a question that is not answered in this packet, please do not hesitate to reach out to our Camp Director or Program Director.

CAMP PROGRAM “UNDER THE SEA”:

Our 2019 camp theme has inspired a wide variety of activities with a under water twist to them. Campers will explore the great outdoors and enjoy many age appropriate adventures while learning to be good team members. Campers will have ample opportunities to develop or enhance their skills in the following program areas: archery, arts & crafts, BB shooting, field sports/games, nature, scout skills, climbing, aquatics and more!

REQUIRED CAMP FORMS:

At the end of this packet you will find several important forms that need to be returned before Camp starts. Per New York State law and Boy Scout Guidelines, campers will not be able to attend camp if these forms are not turned in by the time the first day of camp begins. Please be sure to bring:

- Parts A & B of the BSA Informed Consent/Release Agreement/Authorization and General Information Health History form
- A copy of your insurance card
- Camper Dismissal Form
- Family BBQ Form

ORIENTATION & ON-SITE REGISTRATION:

Parents and campers will have an opportunity to tour the camp and turn in their required camp paper work on several dates before the camp season begins. If you cannot make these dates please email our camp director with your required forms. These dates are as follows at Camp Bullowa:

- Wednesday June 5th, 6-8pm
- Sunday June 16th, 5-7pm
- Wednesday June 19th, 6-8pm

CAMP HOURS:

Our camp program day is from 8:30 AM to 3:30 PM Monday through Friday. Campers arriving by car may be dropped off no earlier than 8:15, unless they have signed up for the early drop off program. Campers who have signed up for busing should be present at their pick up time at their assigned bus stop daily.

EXTENDED HOURS:

For an additional fee, we offer extended camp hours. EARLY DROP-OFF between 7:30 AM and 8:30 AM, and LATE PICK-UP between 3:30 PM and 5:00 PM. Extended-day campers will be provided a snack.

LATE ARRIVALS:

In the event that you arrive after the morning drop-off period, you will need to check your camper in at the camp office.

EARLY DEPARTURES:

In the event that you need to pick-up your camper before the end of the program day, please be sure to provide a note to your child's Den Guide or the Camp Director at drop-off. The note should indicate the camper's name, the name of the adult meeting the camper, as well as the time and reason for early departure. Please be sure that the person meeting your child is over the age of 18 and is included on your child's Camp Dismissal form. The adult should report to the Camp Office upon arrival at camp.





THURSDAY NIGHT IS FAMILY NIGHT:

Each Thursday we will host a Family BBQ/Campfire. Camp will dismiss at 5:30pm for campers that are staying for the BBQ/Campfire. At 6:00 PM, we will gather near the Mess Hall for our BBQ. Following dinner, at 7pm we invite you to join us at our campfire amphitheater for an evening of entertainment including camp songs and scout skits led by the campers and staff.

WRISTBANDS:

For your child's safety, all campers, staff, volunteers and visitors will be provided with a wristbands upon arrival at camp. We ask that campers not remove their wristbands during the week.

CAMP T-SHIRTS:

Each registered camper will receive a camp T-shirt. We ask that campers wear camp shirts to camp on Thursday. One shirt is included in your child's registration. Additional shirts may be pre-ordered online through the council website.

WHAT TO WEAR TO CAMP:

Please send your child to camp in a light colored T-shirt/camp-shirt, comfortable shorts and a hat. Socks and sturdy closed-toed shoes (sneakers/light weight boots) are necessary for comfort and safety. Since weather conditions can change throughout the day, campers should be prepared to make adjustments for cooler or inclement weather.

WHAT TO BRING TO CAMP:

Each camper will need a lightweight camp-bag/day-pack to carry their own towel, sunscreen, swimsuit and bug repellent (non-aerosol); also rain ponchos are recommended.

WATER-BOTTLES: To ensure that your child stays hydrated, we ask that each camper arrive with a pre-filled reusable Nalgene type water bottle. Refill stations will be available throughout camp.

LUNCH: Campers will need to bring lunch packed in a lunch box with them each day. Please include a separate drink to further encourage camper hydration. Lunches will be collected at arrival and refrigerated until lunch

Please do not send electronic devices (handheld games, mp3 players, cellular phones, tablets) to camp with your child.

LOST & FOUND AND LABELING:

We ask that all personal items brought to camp be properly labeled to facilitate their return. Lost and Found items will be on display at arrival and dismissal each day and incorporated into our events on Family Night. All unclaimed items will be donated to local charitable organizations after the close of the Summer.

CAMP TRADING POST:

Each day, campers will have an opportunity to visit our Trading Post. Refreshing snacks, and various scouting supplies and merchandise as well as mystery bags will be available for purchase. The trading post will also be open during Thursday's BBQ.

ADMINISTRATION OF MEDICATION:

If your child requires any medications (prescription or over the-counter) to be administered during camp hours, a physician's signature will be required on your child's medical form. All medications are to be provided in their original containers which clearly indicates the dose & means of delivery. The camp medic will be available at arrival to receive medications directly from an adult or guardian.





SAFETY PLAN FOR PERSON WITH KNOWN ALLERGIES:

Our camp medic and relevant camp staff will need to be made aware of any actions to assist campers with any known allergies. Please make certain to discuss your child's allergies and action plans with our camp medic upon arrival at camp.

BUSING:

Busing will be available for an extra fee from several stops in Rockland and Orange counties. Please check back later for more information on busing.

IN THE EVENT OF:

INCLEMENT WEATHER: Our staff is prepared to conduct an alternate program in the event of heavy rains or strong winds. The Mess Hall is designated as our Camp Emergency shelter in the event of lightning storms and other inclement conditions.

MINOR INJURIES/AILMENTS: Your child will be seen by the camp medic in the event of any injury or ailment suffered at camp. Parents/guardians will be contacted by camp staff to report all visits with the camp medic.

A HEALTH EMERGENCY: In the event that your child is involved in an accident at camp you will be notified by our camp medic immediately.

CAMPER ABSENCE: Please make sure child's counselor is aware of any planned absences. We ask that you contact the camp director by 8:30 AM to report any unanticipated absences from camp.

FEVER: Anyone with a body temperature above 100 F will be required to stay away from camp until they are fever free without medication for 24 hours.

DIGESTIVE CHALLENGES: Anyone that experiences diarrhea or vomiting is asked to stay away from camp until they are symptom free for 24 hours.

DO NOT HESITATE TO CONTACT US WITH ANY QUESTIONS OR CONCERNS ABOUT YOUR CHILD'S CAMP EXPERIENCE

Camp Office Phone (Camp Hours Only): (845)786-2677

Kim Gifford, Camp Director, Cell # (845) 269-7465, Email: kgifford75@aol.com

Dan Decker, Program Director, Cell # (845) 220-6250, Email dandecker217@yahoo.com





Camp Leadership 2019

Camp Director: Kimberly Gifford



Kim Gifford started volunteering in Scouts in 2006 when her oldest son became a Tiger Cub. She continued as den leader for her second son in 2012. During these amazing 10 years with Pack 2046, she spent 8 years multi tasking as Committee Chair.

In 2016, Kim started working for the Hudson Valley Council at Camp Bullowa as the Nature Director. Kim probably has had more fun than the scouts exploring the camp, discovering it's animals and teaching the children about the environment. She is looking forward to an awesome summer as Camp Director and wants to give your scout the best summer camp experience ever!

When not scouting, Kim thrives when hiking and exploring the outdoors. She's also a pre-school teacher working with 3 year olds.

Cell: # (845) 269-7465, Email: kgifford75@aol.com

Program Director: Dan Decker



Dan Decker started in Boy Scouts as a Tiger Cub in 1999. He earned his arrow of light and continued into Boy Scouts in 2004, earning the rank of Eagle Scout in 2011. He would also spend several years in the BSA Venturing program. Currently he serves as an Assistant Scoutmaster of Troop 477, and previously as the Scoutmaster of troop 477, Associate Advisor of Crew 135, Unit Commissioner in the Heritage District, and District Committee member in the Heritage District. When not scouting Dan volunteers with the Rebel Legion and 501st Legion where he portrays Star Wars characters at different charitable events.

Dan has worked at Hudson Valley Council Summer Camps since 2012, initially at Chester, and New Windsor traveling cub camps as Archery Director. In 2015 he became program director for both Camp Chester and New Windsor, until accepting the position of Bullowa Program Director for the upcoming 2019 camp season. Dan is looking forward to using his scouting experience to create another fun year at Hudson Valley Council Summer Camps.

Cell # (845) 220-6250, Email: dandecker217@yahoo.com



Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____
DOB: _____

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

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, 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 further 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 BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: ☐ None

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, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, 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. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



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Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



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Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by: _____

Parent/guardian signature

MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.



Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



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CUB SCOUT and BOY SCOUT ADVENTURE CAMP CAMPER DISMISSAL PROCEDURE

Please read this form carefully and return prior to camp.

In accordance with the BSA standards and New York Department of Health guidelines, the Camp Staff has developed the following procedure for dismissing the campers at the end of the day. This procedure was designed to ensure the safety of your son.

At the bottom of this page you will be asked to list all the people (**including yourself**) that have your permission to pick up your son from Day Camp. If someone shows up at camp to pick up your son at any time and their name is not on the list (no matter who they are) your son(s) will not be released until the proper person is called and gives permission. Please realize that we are doing this for your son's safety and the safety of all campers.

If you are picking up your son at the end of the day camp, please arrive **no later** than 3:30 pm. Upon arrival at the camp, you or the Designated Person will need to:

1. Wait until the Dens are officially dismissed. There will be a closing ceremony every day.
2. After the Dens are dismissed, check in with the Camp Director. Your name will be checked against the approved list. A picture ID, of the adult picking up your son, will be asked for— please bring an ID card with you. After being cleared, you will be allowed to leave with your son.
3. Your son(s) will be released to you, at which point you are responsible for their wellbeing.

THANK YOU FOR YOUR UNDERSTANDING AND COMPLIANCE

CAMPER DISMISSAL FORM

Day Camper Full Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Phone: (Home) _____ (Business) _____

The following individuals are authorized to pick my son(s) up from the Cub Scout Day Camp Premises.

Name _____ Phone _____ Relationship to Camper _____

Name _____ Phone _____ Relationship to Camper _____

Name _____ Phone _____ Relationship to Camper _____

Name _____ Phone _____ Relationship to Camper _____

Thursday, Family Night - BBQ & Campfire

The evening will include dinner and dessert, followed by our famous campfire.

Who: Scouts, Parents, Siblings and Guests

What's for dinner?

When: Thursday Night, 5:30 PM

- Hot Dogs and Hamburgers
- Side Dishes
- Chips
- Drinks
- Desserts

Cost: Campers are FREE
\$10 per adult
\$5 per child
5 years old and younger FREE

- Campers who are joining us for the BBQ will stay at camp for additional camp activities and will be released to parents/guardians at 5:30 PM when you arrive at camp.
- Campers who are not staying for the BBQ will be dismissed at the normal time.

Please fill out this form and return it with payment on the 1st day of camp.



Name of Camper: _____

Week Attending Camp: _____

_____ Yes, we will be attending the Thursday night BBQ

_____ No, sorry we cannot attend the Thursday night BBQ

	Cost	# Attending	Total Cost
Camper(s)	FREE		FREE
Adults	\$10		
Children	\$5		
Children under 5	FREE		FREE
Totals:	-----		

