

### COUNSELOR IN TRAINING AGREEMENT

I have completely read the Curtis S. Read Scout Reservation Counselor in Training Staff Manual and agree to abide by the policies, rules, and regulations which are described therein.

I understand that not abiding by these conditions of employment could result in my dismissal from the Curtis S. Read Scout Reservation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

### PARENTAL/ GUARDIAN AGREEMENT

I have read and understand the Counselor in Training Manual for the Curtis S. Read Scout Reservation.

I understand that if my child \_\_\_\_\_ does not stay the whole summer (for any reason), that I may have to provide transportation. If my child is requested to leave for cause before the end of the summer, I will have the opportunity to discuss the circumstances of his dismissal with the Read Reservation Director.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)



**COUNSELOR IN TRAINING  
PERMISSION TO LEAVE CAMP- OVERNIGHT**

We do not allow anyone under the age of 18 to leave Camp overnight without parent/ guardian or their approval. If arrangements are made for someone other than the above mentioned to pick up your son to leave Camp for ANY purpose, then the following permission slip must be completed and brought to Camp with that person or persons.

CIT \_\_\_\_\_ has permission to leave Camp

with \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

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**COUNSELOR IN TRAINING  
PERMISSION TO LEAVE CAMP- NON-OVERNIGHT**

CITs often appreciate the opportunity for a short trip out of Camp (i.e. night off) in a Council vehicle only. We do not allow anyone under the age of 18 to leave without parental/guardian permission and he/she must be accompanied by a staff member who is 21 or older and approved by Camp Management. The following permission slip must be completed and brought to Camp in order for a Counselor in Training to leave Camp.

CIT \_\_\_\_\_ has permission to leave Camp with a staff member 21 years of age or older and approved by Camp Management.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)



**Curtis S. Read Scout Reservation**  
**Summer Camp Over-the-Counter Medications \* Permission Form**  
*(To Be Completed Annually and Submitted With Annual Health & Medical Record Forms)*  
*Required for all persons under the age of 18*

Staff Member's Information:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Camp: \_\_\_\_\_

Oral Agents	Dosage	Indication & Schedule	Approved	Initials	Comments
Benadryl (Diphenhydramine)	<90#25mg >=90#50mg	Allergic Reaction/Hay Fever Every six hours as needed for 24 hours	yes no		
Ibuprofen	per label instructions		yes no		
Imodium	initial 4 tsp repeat 2 tsp max 8 tsp	Diarrhea, as needed for watery stool	yes no		
Pepto Bismol	per label instructions		yes no		
Robitussin	per label instructions	Colds, every six hours as needed	yes no		
Tylenol (Acetamenophen)	per label instructions	Fever, Headache, Pain Control, Toothace every 4 hours as needed	yes no		
<b>Topical Agents</b>					
Bacitracin	per label instructions	Wound care twice daily as needed	yes no		
Caladryl	per label instructions	Insect Bites/Poison Ivy twice daily and as needed	yes no		
Desenex Powder	per label instructions	Athletes Foot twice daily and as needed	yes no		
Lotrimin	per label instructions	Jock itch three times daily	yes no		

Insect Repellent & Sunscreen <i>*Brought to camp by Scout, non-aerosol only*</i>	per label instructions	My Son/Daughter may apply or, if requested to a leader, may have applied, insect repellent and sunscreen that he/she has brought to camp.	yes no	Parent Signature Required here:
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**This form MUST be signed by the parent/guardian as well as the Scout's Health Care Provider in order for the above over-the-counter medications\* to be received, as per New York State Law.**

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address/City/State/Zip: \_\_\_\_\_ License #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Approval: I request that my son/daughter receive the above over-the-counter medications\* as indicated by my child's Health Care Provider (Required for under the age of 18).**

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address/City/State/Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Specifications for Prescription Medications are to be indicated on Part B of the AHMR.



Westchester-Putnam Council, BSA

41 Saw Mill River Road

Hawthorne, NY 10532

914-773-1135

## MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every person under the age of 18 who stays overnight at camp for seven (7) or more nights.

**Check one box and sign below.**

- My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years.  
Date received: \_\_\_\_\_  
[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]
- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian)

Scout's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian's E-mail address (optional): \_\_\_\_\_

For more information about this disease and why this form is necessary, please go to:  
<http://www.wpbsa.org/pubs/ReadMeningitisLetter.pdf>

# FOOD ALLERGIES & DIETARY NEEDS

\*\*As well, please plan to sit down with the Dining Hall/Commissary staff to go over this in person upon arrival at camp.

**Staff Member's Information:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Camp: \_\_\_\_\_

Please indicate known allergies to the following:

Dietary Needs

Peanuts		Soy		Vegan	
Tree Nuts		Gluten		Vegetarian	
Fish / Shellfish		Other		Kosher	
Dairy		Other		Other	

Nature and severity of the allergies noted above:

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Additional allergies:

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Additional information:

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**Should we have any questions prior to camp, we can contact you at:**

Parent/Guardian (for under age 18): \_\_\_\_\_ Phone: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_