

**2019 New London History Society  
Hands On History Camp Application**

**Hands On History Camp  
INFORMATION**

**MORNING DROPOFF**

- Campers report to the Philips barn next to the parking lot at 8:45 am. Please escort your child to be signed in.
- NLHS is responsible for campers only after they have been signed in. Campers must sign in with the coordinator or counselor.

**AFTERNOON PICK UP**

- Campers will be in the Philips barn for pick-up by 3:05 pm. Please park in designated parking lot and come to meet your child.
- Campers must sign out with the Counselor or Coordinator and will be released only to their parents, legal guardians, and those authorized by such on the Camp Application form.
- Campers must be picked up promptly at 3:05 PM daily.

**WHAT TO BRING**

- Backpack, including supplies for an outdoor day.
- Closed toe shoes & socks must be worn for outdoor play; sandals/crocs may be worn for indoor activities.
- Lunch, two snacks, plenty of cold drinks that do NOT require refrigeration and a refillable water bottle (no glass containers!) Please, no candy, soda, or gum.
- No handheld electronic items. Cell phones for emergency use only and with the permission of the counselor.
- Sunscreen, non-aerosol bug spray, rain jacket—we avoid thunderstorms, but may play in a sun shower
- Change of clothes. Please label all clothing and personal items that your child will bring to the camp.

**LOCATION & DIRECTIONS:**

- New London Historical Society - 179 Little Sunapee Rd, New London, NH 03257
- From I-89 North: Take exit 11. Turn right onto Route 11/Newport Road/New London. Turn left onto Main Street/Route 114. At 2.1 miles, fork right onto Route 114 North (also called Little Sunapee Road). Society entrance is 3/10 mile on the left.
- From I-89 South: Take exit 12. Turn left onto Route 11/New London. At the roundabout, take County Road uphill. Turn right onto Little Sunapee Road. The Society entrance is approx. 1/4 mile on the right.

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**LOST & FOUND**

- Parents are urged to label all clothing and personal items with a permanent marker with the camper's full name, not just initials. Please make every effort to inventory your child's belongings before leaving camp each day.
- NLHS is not responsible for items left behind, lost, or stolen.
- Items found during camp are displayed on the Lost & Found Table in the Phillips Barn.
- Items with names will be held for 14 days and we will contact you to pick them up. Parents will be responsible for the cost (shipping and handling) of mailing any items.
- Please call our office as soon as you realize your camper is missing an item.
- Items will be held for two weeks after camp. By that time if they are not claimed or labeled, they will be donated to a charitable organization.

**PAYMENT:**

If you have not paid by credit card (online or by telephone) please mail a check made out to:  
New London Historical Society (or NLHS History Camp) and mail to:  
NLHS, PO Box 965, New London, NH 03257

**HEALTH MATTERS**

- Completed health forms must be received prior to camp start date. Please provide a copy of the front and back of your insurance card. There must be written orders from the doctor in order to dispense over the counter and prescribed medications. Additionally please provide the *Health Memorandum for School and Camp* form which is readily available from your child's doctor.
- NH State Law requires that the camps have written permission from the camper's physician for a child to keep his/her epi-pen or inhaler in their possession.

**QUESTIONS**

Please contact:

office: (603) 526-6564 Mitze Bender  
cell: (603) 748-6326 Linda Jaggard

[office@newlondonhistoricalsociety.org](mailto:office@newlondonhistoricalsociety.org)

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Please complete the camper application, Media Consent and Release form, Medical History, Emergency Contact, and Medical Authorization form for each camper.

Child's Last Name:		Child's First Name:	
Birth Date:		Gender:	
Address			
City:		State:	Zip Code:
Phone Number:		Cell Phone:	

<b>Parent or Guardian Contact Information</b>	
Parent	Parent
Name:	Name:
Address	Address:
Cell Phone	Cell Phone
Day Phone:	Day Phone:

**TRANSPORTATION**

Anyone other than the parents/guardians picking up a club member must have written permission from the parent/guardian. Please list here who you authorize to transport your child.

1. Name:	Phone:
2. Name:	Phone:

**MEDIA CONSENT AND RELEASE FORM**

**Directions:** Read, check one of the options, complete, sign, and submit with application.

**O** I, as the parent or guardian of \_\_\_\_\_, hereby give NLHS and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither NLHS nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b. I further release and relieve NLHS, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

**O** I, as the parent or guardian of \_\_\_\_\_, **DO NOT** give NLHS and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

Please Print Name of child \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Name of Child: \_\_\_\_\_

### Medical History

Please specify if the camper has any medical conditions or history that we should be aware of:

Hearing/Vision problems     Glasses     Contacts     Hearing Aid

### Allergies

Does your camper have any allergies to the following:

Penicillin     Seasonal     Insect Bites     Foods     Over The Counter Drugs

Please explain reaction and severity:

What medications are given for allergy symptoms (if any)?

What are side effects from this medication?

Will your camper need prescription or over the counter medications at camp? If Yes, **PROVIDE DOCTOR'S ORDERS SIGNED BY BOTH THE DOCTOR AND A PARENT/GUARDIAN.**     Yes     No

<b>Medications</b>	
List medications for above allergies:	
Will your child be bringing any medication to camp? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide information about this medication.	

<b>Emergency Contact Information</b>			
Please list below at least one emergency contact that would be able to pick up a sick child during camp hours.			
Name:		Name:	
Day Phone:		Day Phone:	
Address:		Address:	
City:	State:	City:	State:

Family Physician		Family Dentist	
Name of Physician:		Name of Dentist:	
Phone Number:		Phone Number:	
Address:		Address:	
City:		City:	

<b>Insurance Information</b>	
Is your participant (camper) covered by family medical/hospital insurance? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Please copy and attach both sides of insurance and prescription cards to health form.	
Insurance Company:	Participants I.D.#:
Claims Phone Number:	Group #
Name of Policy Holder:	Date of Birth of Policy Holder (Required for Billing):
Address of Policy Holder (if different than child):	
Participant's Primary Care Physician:	PCP Phone #:
PCP Address:	

**MEDICAL AUTHORIZATIONS**

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I also give permission for the camp to arrange related transportation.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as “personal representatives” for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person’s ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child’s health status.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

\_\_\_\_\_  
Date

**HISTORY CAMP CODE OF CONDUCT**

- I will respect my fellow Campers and their personal belongings.
- I will respect the counselors and staff by listening to and following their instructions.
- I will respect others and myself by not using inappropriate language.
- I will leave all electronic devices at home such as iPods, hand held computer games, MP3 players, and cell phones at home. (A parent/guardian must seek permission from the camp director in order for the camper to be able to carry a cell phone for emergencies)
- I will not endanger the health and safety of myself or others.
- I will be respectful of New London Historical Society property.
- I will follow behavioral expectations for a variety of camp experiences.

I understand that if I fail to comply with the Code of Conduct, my parents may be notified and I may be sent home.

I also understand that failure to comply with the Code of Conduct may result in my removal from the program. There will be no refunds given for campers who are removed from the program due to violations of the Code of Conduct.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_