



Camp Northstar Inc.

157 Monell Ave. Islip NY 11751

631-806-8990

E-mail: campnorthstar@optonline.net

Dear Parent/Guardians:

Camp Northstar is committed to providing our campers a positive, safe, healthy camp experience. We take the health and safety of our campers seriously and for that reason we require a number of medical forms prior to campers attending camp. We have a Registered Nurse on site 24/7 to monitor our campers' medical needs.

However in order to achieve this goal we need the cooperation of our campers' parents/guardians. We know that most of our families understand the importance of sharing all of your camper's medical information with us and informing us of any changes in your camper's medication and health. **To best insure that our campers are safe and healthy we will now require medical clearance for any camper that has been injured or hospitalized 30 days prior to attending Camp Northstar.** The medical clearance must indicate the reason for the hospitalization, state that the camper is physically able to participate in all camp activities and must be signed and dated by the Doctor. Our nurse may require additional information depending on the injury or reason for hospitalization.

In addition, if your camper becomes ill or injured at Camp we will notify you and it may be necessary for you to pick up your camper. **If your camper needs to be picked up it is expected that you will make arrangements to get them as soon as possible but no more than 12 hours after being notified.** If you are unable to pick up your camper our administration, along with our Camp Nurse may choose to seek more advanced medical evaluation.

Thank you for your cooperation.

Sincerely,

Linda Arminio

Camp Director

I have read the above information and agree to provide camp with all required medical clearance. I agree to pick my camper up in a timely manner if he/she becomes ill or injured at Camp and can no longer participate in camp.

I understand that if these guidelines are not adhered to that my camper will not be allowed to attend or remain at Camp and may jeopardize his/her future participation in Camp Naorthstar.

Camper's Name: _____

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____