Discipline Policy

Please read carefully our policy regarding discipline and return at the time of registration.

Serious Offenses: Endangering another person's well being, swearing or verbal abuse of staff or participants, and stealing or destruction of property.

Consequences:
1st Offense- Written notice to parent/guardian regarding the problem.
2nd Offense- Removal from site, camper will stay with Camp Director or Assistant Director, and the parent/guardian will be notified.
3rd Offense- Three-day suspension.
4th Offense- Suspended for the remainder of the session. No refunds will be given.

Minor Offenses: Disrespect of staff or participants, inappropriate behavior on the bus or on field trips, and breaking general program rules.

Consequences:
1st Offense- Verbal warning.
2nd Offense- 3 to 7 minute "time out".
3rd Offense- Loss of morning or afternoon activities.
4th Offense- Written notice to parent/guardian.
5th Offense- Removal from program and parent/guardian notified.

I have read and understand the above policy. I assume the responsibility of ensuring that my child(ren) is/are aware of this policy and the consequences of his/her actions should there be any such behavior.

Parent/Guardian Name:_____Date:_____
Parent/Guardian Signature:_____
Child(ren's) Name('s):_____
Child(ren's) Signature('s):_____

Authorization for Child Pick-up

The following individual(s) has/have my permission to pick up my child(ren) from camp if I am unable to at the conclusion of the camp day.
Child(ren's) Name('s): _____
_____
_____

The individuals authorized to pick up my child(ren) are:

_____ _____
_____ _____
_____ _____

Parent/Guardian Name:_____ Signature_____Date:_____

Guardian Numbers: (H)_____ (W)_____ (C)_____

GRIEVANCE PROCEDURES:

If anyone involved with Camp has a concern or grievance related to the operation of the Camp program, staff, or policies, he or she should bring that concern to the Director of Camp immediately. In the absence of the Camp Director, or at the complainant's request, the grievance can be directed to the Parks, Recreation, and Community Education Department's Director. Any grievance involving an alleged violation of state or federal law will be reported to, and investigated by, the proper authorities including Town of Littleton officials and the Nashoba Board of Health.

PARENT'S RIGHT TO VIEW POLICIES:

All parents are issued a camp handbook at Camp Open House in June of each year. Should a parent request a viewing of the Camp policies and procedures, they may do so by contacting the Director of Parks, Recreation, and Community Education either in writing, via email, or phone call to schedule a time to review the Camp policies. Every effort will be made to answer any questions or concerns regarding policies within 24-hours.

ABUSE & NEGLECT POLICY DISCLOSURE:

One of the responsibilities of staff members working in a licensed day camp or public recreational atmosphere within the Commonwealth of Massachusetts is to be aware of any possible signs of abuse with campers. Camp Tahattawan and the Town of Littleton take this responsibility very seriously and consequently include a PRCE Suspected Abuse Policy Statement of Understanding disclosure stated with all our applications and promotional materials for participants and staff.

_____ **(Parent/Guardian Initial)**

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER
(To be completed by parent/guardian)

Name of Camper: _____ Age: _____ Parent/Guardian Name: _____
Food/Drug Allergies: _____ Home Telephone: _____
Diagnosis (at parents discretion): _____ Business Telephone: _____
Emergency Telephone: _____
Name of Medication: _____ Dose given at camp: _____
Frequency: _____ Quantity Received: _____ Expiration date of Medications Received:_____
Special Storage Requirements:_____
Specific Directions (e.g., on empty stomach/with water): _____
Specific Precautions:_____
Possible Side Effects/Adverse Reactions: _____
Other medications (at parents' discretion): _____
Location where medication administration will occur:_____

****If you child will need assistance from a counselor with sunscreen and/or bug spray, you must indicate this under "Name of Medication"****

I hereby authorize _____ ___ to administer, to my child, _____ _the medication(s)
(NAME OF CAMP) (NAME OF CHIILD)
listed above, in accordance with 105 CMR 430.160.

105 CMR 430.160(A)
Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)
Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer*
prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)
When no longer needed, medications shall be returned to a parent of guardian whenever possible. If the medication cannot be
returned, it shall be destroyed.

*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Parent/Guardian Signature: _____ Date: _____

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