



## Welcome to Auer Camp!

Thank you for choosing to spend part of your family's summer here at Auerfarm! We are excited to have your child(ren) share the camp experience in Auerfarm's unique setting. **All forms must be completed and returned no later than June 1.** We cannot allow a child to attend camp without completed forms. Common questions and answers can be found on the enclosed Auer Camp FAQs.

### Required forms:

- Permission Form
- Emergency Contact
- Health Assessment Record (to be signed by doctor)
- Individual Plan of Care (if needed)
- Authorization for Administration of Medication (if needed)
- Religious Exemption Statement (if needed)

All forms must be completed and returned by mail or fax **no later than June 1.** Forms can be faxed to 860-242-7144.

### Camp Hours:

Our regular camp day is from **8:45 AM - 3:30 PM**

Sprout camp day is from **8:45 AM - 12:30 PM**

Drop off begins at **8:40 PM** and pick up runs from **3:30 PM - 3:45 PM**

If your child(ren) is arriving late, being picked up early or is absent for the day, please, let us know via email: [camp@auerfarm.org](mailto:camp@auerfarm.org).

**What We Do:** Each day we are outside as much as possible, exploring all aspects of the farm's fields, gardens, barns, and woods. Daily activities might include art projects, songs, gardening, time with farm animals, nature walks, hayrides, cooking, science experiments, fort building, games and more. On hot days, we may cool off in the sprinkler and with water games, find a shady spot under a tree or move our investigations inside. It is recommended that campers have bathing suits in case they want to get wet or explore the stream.

**What to Wear:** We will be outside as much as possible so please dress for the weather.

- Close-toed sturdy shoes (sneakers are perfect, please no flip-flops)
- Clothes that can get dirty

### What to Bring:

- Lunch - paper bag or soft lunch bag with name on it. (will be refrigerated)
- Snack in a separate bag with their name on it
- Complete change of clothes and shoes (including underwear and socks)
- Sunscreen
- Raincoat or poncho (if rain is expected)

- Boots or old shoes for wearing in the barn and gardens
- Bathing suit, towel, shoes that can get wet
- Sunscreen (all day and waterproof formula preferred)
- Water bottle
- Bug spray (optional)
- Sunglasses and/or hat (optional)
- Hand sanitizer

**\*Please make sure your child's name is on EVERYTHING**

**What NOT to Bring:** Electronic devices including cell phones, smart watches, cameras, iPads, personal music players, and video games should be left at home.

**Health and Safety:** If your child(ren) is too sick to participate in normal farm activities, please do not send them to camp. If your child(ren) becomes sick at Auerfarm and cannot participate in activities, a staff person will call you and we ask that you make arrangements to pick up your child(ren) as quickly as possible.

Throughout your child(ren)'s time on the farm, they will be in contact with a variety of farm animals. The animal barn and classrooms are stocked with hand sanitizer and counselors will provide time for hand washing, especially before preparing food and eating.

Camp staff will work to prevent tick encounters by keeping children out of tall grass and weeds. You are encouraged to apply bug repellent to your child in the morning. Our staff is not permitted to remove an embedded tick. We will notify a parent right away if we notice one on your child.

Mosquito bites are a common occurrence while outdoors and bug repellents can help prevent them. We try to keep the farm as free of poison ivy as possible and it will be identified to all campers on their first day of their program. Campers will be instructed to avoid it, but sometimes in the excitement of the day, exposure occurs. If a rash appears that you suspect to be poison ivy, be sure to wash the clothes and shoes they wore that day in hot soapy water to prevent spreading the oils.

**PLEASE make sure to read all included documents, especially the FAQ's to answer any further questions.**

We are looking forward to a fun-filled summer.

Thanks,

Jonni Marshall  
Camp Director

158 Auer Farm Road, Bloomfield, CT 06002  
860-242-7144 [www.auerfarm.org](http://www.auerfarm.org)

# Emergency Contact and Alternate Driver Form

\* All parents/guardians must designate at least two, preferably three Emergency Contacts. \* Campers may not leave Auerfarm with an unauthorized adult unless they have written documentation from parents/guardians stating that the child may leave the property with that adult prior to camp dismissal.

**Camper's name:** \_\_\_\_\_

## Emergency Contact #1 (parent/guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

May transport my child: yes \_\_\_\_\_ no \_\_\_\_\_

## Emergency Contact #2 (parent/guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

May transport my child: yes \_\_\_\_\_ no \_\_\_\_\_

## Emergency Contact #3 (other)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

May transport my child: yes \_\_\_\_\_ no \_\_\_\_\_



## Required Permission Form - Auer Camp

Child's Name : \_\_\_\_\_

I, \_\_\_\_\_ give permission for  
the Auerfarm Education Staff to:

- Help my child to apply sunscreen if needed
  
- Help my child apply bug spray if needed
  
- To include my child in camp activity photographs. *(May be used for Auerfarm print media)*

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Auer Camp FAQs

***Q. When and where should I drop off and pick up my child from camp?***

**A.** You will receive a map with your registration confirmation, detailing the pick up and drop off route. When you arrive at camp there will be staff directing traffic. Please follow their directions. If you have questions staff will be able to assist you upon arrival. We ask that you do not park and bring your children in. Parents should remain in their car and camp staff will assist children getting in and out of the car. Drop off is from 8:30-8:45 AM and pick up is from 3:30-3:45 PM.

***Q. How do I get on the waitlist to register for Auer Camp?***

**A.** We do have a waitlist for camp once the weeks have been filled. We try our best to get as many people as possible off the list and into camp. Please go online, as if you were registering, and the waitlist option is at the bottom of the page of camp week choices.

***Q. What items should NOT be brought to camp***

**A.** In our welcome letter there is a list of what campers should bring to camp. We ask that campers **DO NOT bring electronics such as phones, games or tablets or smart watches.** We are a peanut- free environment, so please refrain from bringing any **peanut products, peanut butter included.** Last of all we discourage campers from bringing fidget toys, they really should not need them at camp.

***Q. Can my children be in the same camp group? Can you make sure my children are not in the same camp group?***

**A.** The camp groups are divided by age, so if your children are in the same age group we can try to put them in the same camp group. If you would like your children in separate groups, we can try to make that request work as well. We will try to accommodate your requests but it cannot be guaranteed due to group size and numbers. Please send a separate request email to: [registrar@auerfarm.org](mailto:registrar@auerfarm.org).

***Q. Can my child and their friend be in the same camp group?***

**A.** We do take requests for campers to be together in the same group. We will do our best to accommodate your requests, but cannot make any promises. We ask that you send a separate request email to: [registrar@auerfarm.org](mailto:registrar@auerfarm.org). We ask that the parent of the other child please send a request note as well.

***Q. My child will be 5 years old while attending camp this summer. Should I register them for the Sprouts group or the Young Farmers Group?***

**A.** Great Question: This is really only a question the parent can answer. If your child will be 5 and you feel they are ready for a full day program then enroll them in the Young Farmers group. If your child will be 5 and they have not had many experiences away from home or they still tire easily, you will want to enroll them in the Sprouts program. A camp day is an active day and you children will be outside most of the time, so please think about their energy level and what would be best for them.

***Q. How are the Young Farmer groups divided up?***

**A.** We have multiple Young Farmer groups each week. We use the data given to us in the registration process to divide the young farmer campers into smaller groups by age. This means that the groups may vary from week to week.

***Q. How many children will be in my child camp group?***

**A.** 12-15 at the most, 2 staff members will be with each group

***Q. Does Auer Camp provide lunch?***

**A.** No, we do not provide lunch. We ask that campers come with their own lunch and a snack. It is suggested that food be packed in a paper bag or soft lunch bag with your child's name on it. Snacks should be in a separate bag also with the child's name on it. We will refrigerate the campers' lunches. Snacks will stay in the campers' bags. If your child needs to have their snack cooled, please send it with a cool pack. We are also a **peanut-free** camp, so we ask that **campers not bring any food with peanuts. Peanut butter is not permitted at camp.**

***Q. What should I do if I know my child will be late arriving to camp?***

A. If you are running late please send an email to [camp@auerfarm.org](mailto:camp@auerfarm.org) letting us know what time your child will be arriving. Once you get to the farm, please bring your child to the camp office, we will get them signed in and bring them to their group.

***Q. What should I do if I need to pick up my child early from camp?***

A. If your child needs to leave before the camp day is over, please send an email to: [camp@auerfarm.org](mailto:camp@auerfarm.org) explaining what time your child needs to be picked up. We will bring your child to the camp office where you can sign them out and pick them up.

***Q. What if I need someone else to pick up my child from camp?***

A. Please send an email to let us know who will be picking up your child or send a signed note to be handed to the staff at dropoff. We will ask for an ID from the pick up person, so please let that person know ahead of time. Send email to [camp@auerfarm.org](mailto:camp@auerfarm.org)

***Q. What do the campers do on really hot days to cool off?***

A. Some camp days will be hot since camp is in the middle of the summer. We do offer water games and activities. We have sprinklers for the little one. In addition, each group also has a classroom space, so they can spend a little down time out of the heat if need be.

***Q. Will there be camp on rainy days?***

A. Yes, we celebrate the rain on the farm, we call it "Liquid Sunshine"! We have plenty of activities for rainy days at camp.  
children as soon as possible.

If your child is not feeling well prior to coming to camp and or is running a temperature, please do not send them to camp.

***Q. Who are the Camp staff that will be working with my children?***

**A.** Our camp staff consists of teachers, college students and some high school students who have had previous experience with children as well as the farm. All camp staff are required to do a full week of training each year prior to the start of camp. We are licensed with the State of Connecticut, so we are required to follow all of the guidelines from the Office of Early Childhood.

***Q. What are the COVID-19 Prevention Protocols at camp?***

**A.** Auer Camp is a licensed day camp with the State of Connecticut. We follow the guidelines from the Office of Early Childhood and recommendations of the CDC.

***Q. What paperwork do I need and where do I send it?***

**A. Upon registration you will get forms to fill out for your child. Please ensure that these are completed and delivered to the Auerfarm as soon as possible,** they may be mailed, scanned to [registrar@auerfarm.org](mailto:registrar@auerfarm.org) or faxed (860-242-7144) our main number. The deadline is June 1. We do require an up to date physical (within 2 years of the time your child is attending camp). In addition, if your child has an extenuating health condition, ie. asthma or allergies, we do require you fill out a care plan and have it signed by your child's doctor.

***Q. What if my child has to take medication during camp or has emergency medication such as an EPI Pen or rescue inhaler?***

**A.** All medications, over the counter as well as prescriptions must be accompanied by the physician's orders/ care plans. On your child's first day of camp, please bring the medication in a labeled bag in its original packaging from the pharmacy. It will be kept in a secure location with our certified first aid staff.

***Q. What are some activities the campers do?***

**A.** Outdoor education, arts and crafts, nature hikes, cooking, creative drama, fort building, games, sports, garden and animal education,...and more!



***Q. What is your cancellation and/or refund Policy***

**A. Cancellation & Registration Change Policy**

Cancellations will be accepted if made in writing prior to **June 1**. A \$50 processing and handling fee will be charged regardless of when the cancellation occurs. After June 1, no refunds will be issued without a confirmed medical reason and a signed note from a doctor.

Registration changes must be made before **June 1**. Changes are only allowed if space is available. A \$50 processing and handling fee will be charged for each registration change. We ask that you review your schedules before registering. Camp weeks fill up quickly and it may be difficult to make changes later in the year.

***Quick Reference:***

Phone: 860-242-7144

FAX: 860-242-7144

Camp Office Email: [camp@auerfarm.org](mailto:camp@auerfarm.org)

Registrar's Email: [registrar@auerfarm.org](mailto:registrar@auerfarm.org)

Address: 158 Auer Farm Road, Bloomfield, CT 06002

**Auerfarm**



**Camp Office**



**Main Office**

**Red = Enter**

**Auer Farm Rd**

**Auer Farm Rd**

**Farm Rd**

**Welcome Center  
Drop Off**



**Purple = Exit**

**Parking Lot**

**Auer Farm Rd**



**YOUTH CAMP HEALTH EXAM/RECORD  
FOR CAMPERS AND STAFF**

**Physical Exams Are Valid For 3 Years  
From Date of Last Examination**

Camper ***Please Return Completed Form to the Camp***  
Staff

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Guardian Address \_\_\_\_\_

Emergency Contact Telephone \_\_\_\_\_ Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

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**TO BE COMPLETED BY THE HEALTH CARE PROVIDER**

May participate in all camp activities YES NO

<b>Date of Exam</b> ____ / ____ / ____
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May participate except for: \_\_\_\_\_

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? YES NO

If yes, please explain \_\_\_\_\_

Are there any prescription or over the counter medication(s) this individual needs to take while at camp? YES NO If yes, indicate names of medication(s): \_\_\_\_\_ NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs? YES NO If yes, please explain \_\_\_\_\_

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes? YES NO

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Health Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician, PA, APRN or RN \_\_\_\_\_ Date Form Signed: \_\_\_\_\_

**Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel**

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

**Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug?  YES  NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_  None Expected

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

School Nurse Signature (if applicable) \_\_\_\_\_

**Parent/Guardian Authorization:**

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

Parent/Guardian authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

School nurse, if applicable, approval for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

**Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**

## Medication Administration Record (MAR)

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Pharmacy Name \_\_\_\_\_ Prescription Number \_\_\_\_\_

Medication Order \_\_\_\_\_

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Medication authorization form must be used as either a two-sided document or attached first and second page.

- |  |  |
|--|--|
| <input type="checkbox"/> Authorization form is complete      | <input type="checkbox"/> Medication is appropriately labeled |
| <input type="checkbox"/> Medication is in original container | <input type="checkbox"/> Date on label is current            |

Person Accepting Medication (print name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Individual Plan of Care for a Child  
With Special Health Care Needs or Disabilities

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Special health care need or disability:

Plan for appropriate care of the child in a medical emergency. An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Signature(s) of the Parent(s):

\_\_\_\_\_  
\_\_\_\_\_

Date Signed:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

Please use the reverse side of this form for signature(s) of all staff responsible for the care of this child.





# Religious Exemption Statement

\_\_\_\_\_  
(Printed full, legal name of child)

I, the undersigned, do hereby swear or affirm, as the case may be as follows:

1. I am making this Religious Exemption Statement pursuant to Conn. Gen. Stat. § 19a-428 so that the child may enroll in youth camp at

\_\_\_\_\_.

2. I am the lawful parent guardian of the child.

3. Immunizing said child would be contrary to the child's parent's guardian's religious beliefs.

4. I understand that by claiming this exemption the child shall be exempt from one or more of the immunizations required by Conn. Gen. Stat. §§ 19a-428 and 19a-7f.

5. I understand that during a vaccine-preventable disease outbreak at the above-identified youth camp program, all susceptible children, including the child named above will be excluded from the youth camp program if a public health official determines that the program is a significant site for disease exposure, transmission and spread into the community. In such case, such children, including the named child shall be excluded from the program until: (1) the public health official determines that the outbreak danger has ended; (2) the child becomes ill with the disease and completely recovers from it; (3) the child is vaccinated according to public health protocol; or (4) the child has proof of immunity to the disease.

\_\_\_\_\_  
Parent(s) Signature of Parent(s)/Guardian(s) Date

\_\_\_\_\_  
Name(s) of

\_\_\_\_\_  
Parent(s) Signature of Parent(s)/Guardian(s) Date

\_\_\_\_\_  
Name(s) of

\_\_\_\_\_  
Address (Street & House or Apt. Number) Telephone Number

\_\_\_\_\_

City, State and Zip Code

**ACKNOWLEDGEMENT**

STATE OF CONNECTICUT

:

: ss:

COUNTY OF \_\_\_\_\_ :

On this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_ the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name he or she subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

\_\_\_\_\_  
Judge  
Family Support Magistrate  
Clerk/Deputy Clerk (include seal)  
Town Clerk  
Notary Public My Commission expires (\_\_\_\_\_) )  
Justice of the Peace  
Commissioner of the Superior Court (bar no \_\_\_\_\_)