

If you have questions or concerns contact us at
(315) 684-9129 or camplookout2112@gmail.com

Please note dates:
We may have made changes

Please make every effort to have the health history and medication form included completed by your family physician/health group and brought with you to register your child for camp. You do NOT need to get a physical for camp. Most of the time, if your child has seen the doctor in the past year, you can drop the form off and they will fill it out without an appointment. ***If you are having difficulty completing the forms, please call the camp director (your child can still attend without the doctor signature but the health department expects to see the proper paperwork on file).***
All medications/supplements, whether prescription or over the counter, must be in its ORIGINAL PACKAGING and given to the nurse on Sunday.

Congratulations on having _____ accepted for a camping experience at the Camp Lookout. Camp Lookout is located on Route 26, one mile south of West Eaton, between Hatch Lake and West Eaton. The physical address is 2112 Wheler Drive, Eaton, NY. You will see a large sign identifying our camp. Follow the road to the main building.

DATES ATTENDING:

Sunday through Friday

PLEASE NOTE:

- ☒ A PARENT OR LEGAL GUARDIAN MUST ACCOMPANY EACH CHILD TO REVIEW THE FINANCIAL AND MEDICAL FORMS PROVIDED WITH THE CAMP DIRECTOR AND THE CAMP NURSE. NO CHILD WILL BE REGISTERED WITHOUT A PARENT OR LEGAL GUARDIAN PRESENT FOR CHECK IN.**

- ☒ Registration is the SUNDAY your child is assigned to attend camp.** Campers with last names between A and H should register from 3-3:30, last names between I and P should register from 3:30-4, and last names between Q and Z should register from 4-4:30. Please only plan to be at camp during your assigned registration time to avoid overcrowding. If you have a conflict with your assigned time, please contact the camp director the week before. A donation of \$2 to purchase program supplies will be collected. **Picking cabins is allowed for campers ages 8-11 while 12/13 year olds are assigned to random cabins during check in.**

- ☒ The enclosed confidential financial statement must be completed for all children attending camp. Bring the form with you to registration. The financial statement must be completed once each summer per family.**

❓ **Please do not plan to visit your child during his/her stay at camp. You can call the camp and talk with the camp director/assistant director to check on your child.**

❓ **If your child has any special dietary needs, please contact the camp prior to their arrival so that we can formulate a satisfactory plan.**

❓ **Minimum List of Needs for One Week Stay**

5 changes of underwear	2 pairs of sneakers (shoes)
5 changes of socks	3 tee shirts
4 changes of pants/shorts	2 heavy sweatshirts/sweaters
1 rain jacket	sleeping bag or blankets/pillow
toothbrush/toothpaste	comb/brush
3 towels	bathing suit

*If your child normally wears glasses, please make this known at the time of registration. The camp is not responsible for any damage to lenses or frames.

❖ **Please DO NOT BRING any electronic devices including cell phones, smart watches, and gaming devices. Your child will need no money while they are at camp.**

❓ **Pick up time is FRIDAY between 3:00 and 4:30pm. Another adult may pick up your child with your prior written permission and notification of the camp director/assistant director or camp nurse.**

It is important to us that we run a full camp. If for any reason your child cannot attend or if you have any questions about our program, please contact us. We will call or email you the week before to confirm your child's attendance and to answer any questions. You may confirm yourself via email or a phone call.

Jimmy Burton
Camp Director

PLEASE REMEMBER TO BRING THE MEDICAL FORMS SIGNED BY A DOCTOR AND THE CONFIDENTIAL FINANCIAL FORM WITH YOU TO CAMP REGISTRATION ON SUNDAY

WE WILL BE HOSTING AN OPEN HOUSE ON SUNDAY, JUNE 14th FROM 11am UNTIL 1pm IF YOU WOULD LIKE TO SEE CAMP LOOKOUT, GET A TOUR, MEET SOME OF THE STAFF, AND LEARN MORE ABOUT US.

Regulated Children's Camps in New York State

What Families Need to Know

This guide provides some key information for families who are considering sending their child to a New York State regulated children's camp. It's a good idea to visit the camp or interview the camp operator before enrolling your child. Learn more about each of these topics at health.ny.gov/camps. New York State-regulated children's camps have a permit to operate from their local health department and must meet the requirements in Subpart 7-2 of the State Sanitary Code. There are additional requirements for camps enrolling campers with disabilities.

Considerations for Choosing a Children's Camp

Staff Qualifications and Training

Camp staff must meet minimum qualifications for age, training, and experience. There are more qualifications for staff overseeing activities like swimming, boating, horseback riding, and riflery, and for staff at camps for children with developmental disabilities. Camp staff with direct responsibility of a camper with a disability must be trained in the camper's specific needs. Camp directors must undergo background checks and disclose whether they have any criminal convictions. Camp operators are required to check whether camp staff and volunteers are listed on the New York State and National Sex Offender Registries.

Supervision

Camps must have a minimum number of staff to supervise campers. Extra staff are required for activities like swimming, archery, and riflery, and for all camps enrolling a child with a physical or developmental disability.

Camper Health

Camps are required to have a health director, which could include a physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, or EMT. Depending on their certification, they may or may not be licensed to perform specific duties. Camps must also have First Aid and CPR certified staff on-site to respond to medical emergencies and assist the health director. The camp must maintain a written medical plan approved by their local health department. This plan must describe the medical, nursing, and first aid services provided by the camp. Injuries and illnesses must be reported to the local health department during the camp season and are thoroughly reviewed. Camps must keep a confidential medical record on file for every camper. You will need to provide your child's history of immunization, illness, disability, or allergy. Specify current medications, special diets, and activity restrictions. A camp may recommend or require that campers have received specific immunizations. The Department of Health strongly recommends that all campers are up to date on their childhood vaccines. Visit health.ny.gov/prevention/immunization/childhood_and_adolescent.htm for more information.

Food Safety

Local health departments inspect food preparation and handling activities to ensure safe and sanitary practices.

Facilities and Fire Safety

Camps must follow building and fire safety requirements and maintain facilities in safe condition.

Camp Safety and Activities

The camp operator must have a safety plan approved by the local health department that outlines emergency procedures and supervision for activities and trips, staff training, camper orientation, and maintenance of facilities. Camp trips and activities must be led by staff with appropriate training and expertise. Proper protective equipment for the activity such as helmets and life jackets should be provided by the camp.

Swimming and Water Activities

If a camp offers swimming or boating, they must meet specific requirements for staff certifications and activity supervision during water activities at camp and off-site. Swimming activities at camp pools and beaches must be supervised by an aquatics director and aquatic staff are required to be trained in CPR. Campers are required to wear U.S. Coast Guard approved life jackets when boating. Camps must use safety measures to prevent drowning including swim testing, providing specific areas for campers based on swimming ability, and implementing a buddy system which pairs each camper with a buddy of similar swimming ability. Be sure to let the camp know if your child is not a strong swimmer or is nervous around water.

Responsibilities

The New York State Department of Health, local health departments, and camp operators have specific responsibilities to parents and guardians under the children's camps regulations.

Responsibilities of the Camp Operator

- To inform you and the local health department of any incident involving your child, including serious injury, illness, or allegation of abuse.

- To screen the background and qualifications of all staff and volunteers.
- To train staff about their duties.
- To provide supervision for all campers 24 hours a day at overnight camps, and during hours of operation for day camps.
- To maintain all camp physical facilities in a safe and sanitary condition.
- To provide safe and wholesome meals.
- To develop, follow, and share approved camp safety plans.
- To provide you written notification during enrollment that:
 - the camp must have a permit to operate;
 - the camp must be inspected twice yearly; and
 - camp inspection reports and required plans are available for review.

Responsibilities of the Local Health Department

- To review and approve the required written camp safety plan.
- To inspect camps to ensure that all physical facilities are properly operated and maintained; and camper supervision meets health and safety requirements.
- To review and approve the camp's application and issue a permit.
- To investigate reports of serious incidents of injury, illness, and all allegations of abuse.
- To provide parents or guardians an opportunity to review inspection reports and required plans.

Contact your local health department for more information or questions about children's camps regulations, complaints, or inspections. Find your local health department at health.ny.gov/environmentalcontacts.

Checklist for Parents and Guardians

General

- Does the camp have a permit?
- What is the length and cost of the camp sessions?
- What is the daily schedule?
- What kind of activities or trips are available? Can my child choose between different activities?

Qualifications, Training, and Supervision

- Do staff meet minimum qualifications?
- What are the camp's supervision procedures, including disciplinary policies?
- Are campers supervised by counselors who have the maturity and experience to make decisions that could affect the health and safety of campers?

Camper Health

- Will my child's medical needs be met?
- Is a health director on-site or on-call at all times?
- How and when will I be notified if my child becomes ill or injured?
- What camper medical information do I need to submit?

Nutrition

- Are meals or snacks provided by the camp? Does the camp serve food my child likes?
- Are special meals available for children with food allergies or dietary restrictions?
- Are safe food practices observed in the camp kitchens, dining areas, and food services?

Facilities

- What are the sleeping accommodations?
- What is the distance between activities?
- How much time will my child spend outside versus inside?
- What does the camp do in bad weather or during extreme heat?

Camp Safety and Activities

- Do counselors supervising specialized activities have additional training?
- Does the camp provide the proper safety equipment for activities?
- How is transportation provided for camp trips?

Swimming and Water Activities

- Do aquatics staff have the necessary certifications and on-the-job training for their position?
- How are campers supervised while swimming?
- How are campers tested to determine their swimming ability before participating in aquatic activities?
- How are bathing areas marked off for various swimming ability levels?

CAMPER'S NAME _____ SEX _____ BIRTHDATE _____ TEMP _____
PREFERRED PRONOUNS he/him/his she/her/hers they/them/theirs _____
PARENT/GUARDIAN _____
ADDRESS _____ PHONE _____
IN EMERGENCY CALL _____ PHONE _____
FAMILY DOCTOR _____

HEALTH HISTORY (check all that apply)

COMMENTS

Chronic Ear Infection/Swimmer's Ear _____
Chronic Throat Infections _____
Recent Surgery or Illness _____
Convulsions _____
Diabetes _____
Kidney Infection _____
Skin Condition _____
Athletes Foot _____
Asthmatic Reaction _____

ALLERGIES (check all that apply)

MEDICINE: Penicillin _____ Aspirin _____ Aspirin Substitutes _____
Others _____
FOOD: Milk _____ Eggs _____ Tomatoes _____ Others: _____
BEES: _____ REACTION: _____
HAY FEVER: _____ POLLENS: _____

HABITS: (check all that apply)

Bed wetter _____
Sleepwalker/Restless Sleeper _____
Special Diet _____
Hyperactive _____
Wears Glasses _____

Exposed to anything contagious in the last two weeks? _____

Does child have any medication with them? _____

Name of medication: _____ When taken: _____

Are there any specific restrictions on this camper's activities or any other special circumstances that we should know about to ensure a successful week at camp? _____

PARENT'S AUTHORIZATION

This history is correct so far as I know and my child has permission to engage in all prescribed camp activities, except as noted. The parent/guardian accepts responsibility for any condition aggravated by normal camp activities that have not been previously reported to proper authorities of Madison County Children's Camp.

X _____
Health Care Provider Signature

X _____
Parent/Guardian Signature

If I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

X _____
Camp Director/Nurse

X _____
Parent/Guardian Signature

Camp Lookout Individualized Medication Orders

Camper Name _____

Date of Birth _____ Weight _____

Standard over the Counter/PRN (as needed) Medications:

The following medications are available in the camp infirmary and will be administered at the discretion of the camp nurse, if approved as indicated by the camper's health care provider. Dosages are dependent upon age/weight.

Drug Name	Camper Health Care Provider Order	Comments
Ambesol/Oragel	Yes No	
Antacid	Yes No	
Anti Diarrhea	Yes No	
Antibiotic Cream	Yes No	
Anti-Itch Cream	Yes No	
Benadryl	Yes No	
CoughDrops/Syrup	Yes No	
Ibuprofen	Yes No	
Lotrisone	Yes No	
Midol	Yes No	
Milk of Magnesia	Yes No	
Pepto Bismol	Yes No	
Quell/Nix	Yes No	
Sudafed	Yes No	
Sunscreen	Yes No	
Tylenol	Yes No	

Prescription Medications

Please complete with the patient's current regimen for both scheduled and PRN (as needed) medications. Be sure prescription bottle is labeled as delivered.

Drug	Route (how taken)	Dosage	Schedule and Indications	Comments

Camper Health Care Provider: _____

Address: _____ License Number: _____

Phone Number: _____ Date: _____

Signature of Health Care Provider: _____

Signature of Parent: _____

**SUMMER FOOD SERVICE PROGRAM
ELIGIBILITY FORM FOR CAMP LOOKOUT**

PART 1: Children enrolled at Camp Lookout during the summer of 2026.

Names (first, middle initial, last)	SNAP (Food Stamp), TANF, or FDPIR case number (Skip to part 4 if you listed a case number)

PART 2 – FOSTER CHILD: Foster children are eligible for free and reduced-priced meals regardless of household income. If the above named child is a foster child check here [].

Complete Part 3 only if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF, or FDPIR case number in Part 1.

PART 3 – ALL OTHER HOUSEHOLDS: If you did not provide a SNAP (Food Stamp), TANF, or FDPIR case number in Part 1, complete the following table reporting household income and how often it is received.

Names List everyone in household including children	Gross Income and how often it was received. (Example: \$100/monthly, \$100/twice a month, \$100/every other week, \$100/weekly)				Check if NO income
	Earnings from Work before Deductions	Welfare, Child Support, Alimony	Social Security, Pensions, Retirement	All other income	
<input type="checkbox"/> _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
<input type="checkbox"/> _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
<input type="checkbox"/> _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
<input type="checkbox"/> _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
<input type="checkbox"/> _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
<input type="checkbox"/> _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
<input type="checkbox"/> _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

PART 4 – SIGNATURE: An adult household member must sign the statement before it can be approved.

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature of Adult: _____ Social Security Number (last four digits): _____

Printed Name of Adult: _____ Date Signed: _____

Phone number _____ home address _____

PART 5: Participants ethnic and racial identities (optional)

Mark one ethnic identity	Mark one or more racial identities
Hispanic or Latino <input type="checkbox"/>	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White
Not Hispanic or Latino <input type="checkbox"/>	<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander

FOR SPONSOR USE ONLY: Food Stamp, ACD/TANF, Foster Child [] YES [] NO

Yearly Income Conversion: Weekly x 52, Biweekly x 26, Twice a month x 24, Monthly x 12

Total Yearly Income: _____ **Family Size:** _____ **Eligible:** _____ **Not Eligible:** _____

Determining Official: _____ Signature: _____ Date: _____



CAMP LOOKOUT
 On Bradley Brook
 PO Box 753
 Oneida, NY 13421

The Madison Co Children's Camp is participating in the Summer Food Service Program. **Meals will be provided to all children free of charge** (MCCC is reimbursed for meals served to children who meet the income guidelines for reduced price meals in the National School Lunch Program). MCCC is also reimbursed for children who are part of households that receive food stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance to Needy Families (TANF).

The following 2026-2027 income eligibility standards will be used for determining eligibility for reimbursed meals:

<i>Household size</i>	<i>yearly</i>	<i>monthly</i>	<i>twice/month</i>	<i>biweekly</i>	<i>weekly</i>
<i>1</i>	<i>29526</i>	<i>2461</i>	<i>1231</i>	<i>1136</i>	<i>568</i>
<i>2</i>	<i>40034</i>	<i>3337</i>	<i>1669</i>	<i>1540</i>	<i>770</i>
<i>3</i>	<i>50542</i>	<i>4212</i>	<i>2106</i>	<i>1944</i>	<i>972</i>
<i>4</i>	<i>61050</i>	<i>5088</i>	<i>2544</i>	<i>2349</i>	<i>1175</i>
<i>5</i>	<i>71558</i>	<i>5964</i>	<i>2982</i>	<i>2753</i>	<i>1377</i>
<i>6</i>	<i>82066</i>	<i>6839</i>	<i>3420</i>	<i>3157</i>	<i>1579</i>
<i>7</i>	<i>92574</i>	<i>7715</i>	<i>3858</i>	<i>3561</i>	<i>1781</i>
<i>8</i>	<i>103082</i>	<i>8591</i>	<i>4296</i>	<i>3965</i>	<i>1983</i>
<i>+1 family member</i>	<i>10508</i>	<i>876</i>	<i>438</i>	<i>405</i>	<i>203</i>

Meals are served at Madison County Children’s Camp as part of the overnight camping program running from July 5th, 2026 until August 21st, 2026. Persons interested in receiving more information should contact Director Jimmy Burton at Madison Co Children's Camp, PO Box 753, Oneida, New York 13421 or phone (315) 363-4296 or (315) 684-9129. Please complete the form on the reverse side of this letter and bring it with you to registration on the Sunday that your child is scheduled. Only one form per family is required to be filed each summer.

Sincerely,
 James J Burton/Camp Director

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and US Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternate means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language) should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained on line at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866)632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington DC, 20250-9410 , by fax: (202) 690-7442, or by email: program.intake@usda.gov. This institution is an equal opportunity provider.