

# TOWN OF HOOSICK



# SUMMER CAMP APPLICATION



REGISTRATION # \_\_\_\_\_

List # Week \_\_\_\_\_

PAGE (1)

office use only

TOWN OF HOOSICK  
SUMMER CAMP 2019 REGISTRATION FORM  
\*\*\*\*\*All Campers \$110 PER WEEK \*\*\*\*\*

Name of child \_\_\_\_\_

Grade (next fall) \_\_\_\_\_

Age \_\_\_\_\_

M/F \_\_\_\_\_

Parents/legal guardians name

Actual Street address Town State Zip

Home phone Work phone Work phone for who
LIST ALL PEOPLE ON THIS FORM THAT MAY BE PICKING UP YOUR CHILD AT CAMP. (A CHILD CANNOT LEAVE WITH SOMEONE WHO IS NOT LISTED). THERE ARE NO EXCEPTIONS. IT IS FOR THE SAFETY AND WELFARE OF YOUR CHILD. (if you need more room please provide on a separate sheet, Thank you)
1. 2. 3.
4. 5. 6.
7. 8. 9.

- IN CASE OF EMERGENCY CONTACT: Phone
SPECIAL NEEDS/MEDICATION Yes No
IF YOU CHECKED YES - ALL MEDICATIONS WILL BE SELF-ADMINISTERED. THE TOWN NEEDS TO HAVE A NOTE FROM THE PHYSICIAN STATING THAT CAMPER CAN SELF-ADMINISTER. ALL MEDS WILL BE KEPT IN A LOCKED BOX & RETURNED AT THE END OF CAMP. YOU MUST GIVE TO CAMP DIRECTOR ON 1ST DAY OF ATTENDANCE AND PROVIDE ENOUGH FOR DURATION OF CAMP.
IN THE EVENT A CHILD CANNOT SELF-ADMINISTER - HE/SHE CANNOT ATTEND CAMP.
PLEASE LIST ALLERGIES, MEDICATION OR OTHER RELEVANT INFORMATION. MEDICATIONS MUST HAVE CHILDS NAME, WHAT IT IS FOR, WHEN IT IS TAKEN, COMPLETE DETAILS INCLUDING DOCTOR WHO PRESCRIBED IT:

Payment Is Made At Time Of Registration At The Town Clerk's Office Only
Make Check Payable To : Town Of Hoosick
Health Form Must Be Completed And Attached At Time Of Registration

110/wk

- 1) Session 1 – July 8 to July 12 \$
2) Session 2 – July 15 to July 19 \$
3) Session 3 – July 22 to July 26 \$
4) Session 4 – July 29 to August 2 \$
5) Session 5 – August 5 to August 9 \$
6) Session 6 – August 12 to August 16 \$

# OF WKS CHECK# CASH DATE PAID TOTAL \$ \$

RECEIPT BOOK #

TOWN COPY PAGE 2

TOWN OF HOOSICK
SUMMER DAY CAMP - 2019

PLEASE READ AND SIGN

The Town of Hoosick is pleased to offer many fine programs for the children of our community. We look forward to working with you and your children in building a healthy community. You agree by signing this, you understand the rules and regulations of the Town's Summer Camp.

A PARENT MUST ADHERE TO ALL RULES AND REGULATIONS OF OUR CAMP FOR THE HEALTH AND SAFETY OF THE CHILD. CAMP HOURS ARE FROM 8:00 AM TO 4:30 PM. AT THE RINK ON BARTON AVE.



**IF YOU CHECKED YES PLEASE READ THE FOLLOWING**

ALL MEDICATIONS WILL BE SELF-ADMINISTERED – THE TOWN NEEDS TO HAVE THE WRITTEN ORDER FOR PRESCRIPTION & OTC MEDICATIONS FORM COMPLETED BY THE PHYSICIAN STATING THAT THE CAMPER CAN SELF-ADMINISTER. ALL MEDICATIONS WILL BE KEPT IN A LOCKED BOX AND RETURNED AT THE END OF CAMP.

YOU MUST GIVE MEDICATIONS TO THE CAMP DIRECTOR ON THE FIRST DAY OF CAMP AND PROVIDE ENOUGH FOR DURATION OF CAMP. ALL MEDS MUST HAVE CHILDS NAME, MEDICATION NAME, INSTRUCTIONS, WHAT IT IS FOR AND DOCTOR WHO PRESCRIBED IT.

**IN THE EVENT A CHILD CANNOT SELF-ADMINISTER – HE OR SHE CANNOT ATTEND CAMP.**

DATE OF BIRTH \_\_\_\_\_ SEX: \_\_\_M \_\_\_F AGE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELLPHONE \_\_\_\_\_

**IF IN AN EMERGENCY, WHOM DO WE CONTACT:**

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S PHONE \_\_\_\_\_

**Town Copy page 4**

**TOWN OF HOOSICK DAY CAMP  
HEALTH FORM 2019 -2 -**

**CAMPERS NAME** \_\_\_\_\_

**HEALTH HISTORY. IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING PLEASE GIVE APPROX. DATES**

EAR INFECTION _____	HAY FEVER _____	CHICKEN POX _____
RHEUMATIC FEVER _____	POISON IVY _____	MEASLES _____
CONVULSIONS _____	INSECT STINGS _____	GERMAN MEASLES _____
DIABETES _____	PENICILLIN _____	MUMPS _____
BEHAVIOR _____	OTHER DRUGS _____	ASTHMA _____
OTHER _____		

OPERATIONS OR SERIOUS INJURIES (DATES) \_\_\_\_\_

CHROMIC OR RECURRING ILLNESS \_\_\_\_\_

OTHER DISEASES' OR DETAILS OF ABOVE \_\_\_\_\_

RESTRICTED ACTIVITIES \_\_\_\_\_

\*\*CURRENT MEDICATIONS (LIST NAME OF DRUGS, PURPOSE, DOSAGE & WHEN TAKEN \_\_\_\_\_

**IMMUNIZATION HISTORY**

This is a record of the dates of basic immunizations and most recent booster doses. Please take the time to fill this portion of the health form out carefully and check with your physician or school nurses if your home record is incomplete. These dates are needed to meet the requirements of the New York State Health Dept.

**FILL IN MONTH – DATE – YEAR \*\* YOU CAN ATTACH THE IMMUNIZATION RECORD FROM THE DOCTOR**

DPT SERIES 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ BOOSTER 1) \_\_\_\_\_ 2) \_\_\_\_\_

POLIO OPV (SABIN) \_\_\_\_\_ BOOSTER \_\_\_\_\_

MEASLES VACCINE (LIVE) \_\_\_\_\_

GERMAN MEASLES (RUBELLA) \_\_\_\_\_

MUMPS VACCINE (LIVE) \_\_\_\_\_

MMR (THREE IN ONE) \_\_\_\_\_

TETANUS BOOSTER \_\_\_\_\_

TINE TEST \_\_\_\_\_

OTHER \_\_\_\_\_

**!!! IMPORTANT !!!**

**PLEASE NOTIFY THE CAMP IF THIS CAMPER IS EXPOSED TO ANY COMMUNICABLE DISEASES DURING THE THREE (3) WEEKS PRIOR TO CAMP ATTENDANCE.**

**PARENT OR GUARDIAN'S AUTHORIZATION**

THIS HEALTH HISTORY IS CORRECT TO MY KNOWLEDGE AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES, EXCEPT THOSE NOTIFIED. IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE PROPER TREATMENT FOR AND TO ORDER INJECTIONS, ANESTHESIA OR SURGERY FOR MY CHILD AS NAMED ABOVE.

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

**TOWN OF HOOSICK  
WRITTEN ORDER FOR PRESCRIPTION & O.T.C. MEDICATIONS  
YEAR \_\_\_\_\_**

NAME OF CAMPER \_\_\_\_\_

D.O.B. \_\_\_\_\_

**All meds. To be self administered unless, at least, an RN is present to administer or a supervising RN delegates the duty to an LPN.**

DRUG	ROUTE	DOSAGE	* SCHEDULE & INDICATIONS	COMMENTS

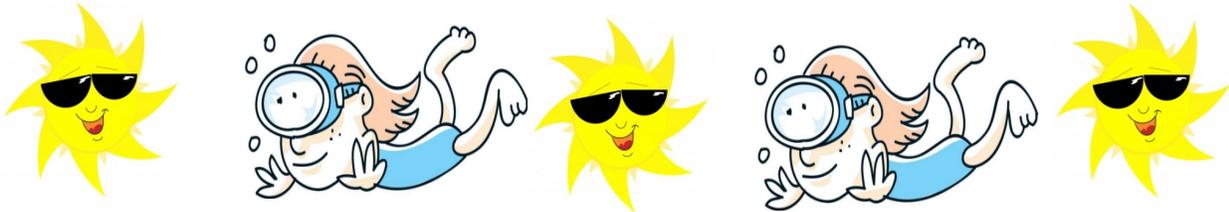
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*\*As needed medications require assessment by an RN or above prior to administration.*

Licensed Prescriber's signature \_\_\_\_\_ date: \_\_\_\_\_  
Physician, Dentist, Podiatrist, Nurse Practitioner, Physician Assistant, Specialist Assistant, Optometrist, Midwife

**NOTE: PRESCRIPTIONS MUST COME TO CAMP IN ORIGINAL CONTAINER AND LABELED WITH: PATIENT'S COMPLETE NAME, DATE PRESCRIPTION FILLED, EXPIRATION DATE, DIRECTION FOR USE, PRECAUTIONS (IF ANY), STORAGE REQUIREMENTS, DISPENSING PHARMACY (NAME & ADDRESS), AND NAME OF PHYSICIAN PRESCRIBING MEDICATION.**

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# SWIMMING LESSONS

ARE YOU SIGNING YOUR CHILD UP FOR  
SWIMMING LESSONS AT THE POOL?

PLEASE TELL THE CAMP DIRECTOR AND THE POOL  
DIRECTOR YOUR CHILD WILL BE TAKING LESSONS WHILE  
ATTENDING CAMP

A CAMP COUNSELOR WILL TAKE  
YOUR CHILD TO THEIR LESSONS  
AT THE TIME THE  
POOL DIRECTOR HAS SCHEDULED.

# You must register for lessons at the pool only!

>>>>> please check a box <<<<<<

\_\_\_ YES MY CHILD WILL BE TAKING SWIMMING LESSONS.

\_\_\_ NOT SURE YET.

\_\_\_ NO MY CHILD WILL NOT BE TAKING

Parents copy page 7

PARENTS COPY  
TOWN OF HOOSICK  
SUMMER DAY CAMP - 2019

PLEASE READ AND SIGN

The Town of Hoosick is pleased to offer many fine programs for the children of our community. We look forward to working with you and your children in building a healthy community. You agree by signing this, you understand the rules and regulations of the Town's Summer Camp.

- ⇒ **CAMP OPENS: AT 8:00 AM. AND CLOSSES AT 4:30 PM.** Located at the Skating Rink on Barton Ave.  
*Do not drop off your child prior to 8:00 am! AND please pick your child up on time!*
- ⇒ **AGES:** 5 yrs old (must be 5 yrs old beginning of camp and in Kindergarten) to 12 years old. SEE 13-15 YRS OLDS  
Children will be grouped according to age/grade. All equipment will be provided to campers.
- ⇒ **\*\*COUNSELOR IN TRAINING PROGRAM – 13 TO 15 YEARS OLD**  
This is a new program added to our summer camp. There is a limit in this age group of 5 campers per week and is first come first serve. These campers will work with our Counselors and learn all about becoming a Counselor! You pay the same as a camper. There is no salary.
- ⇒ **SIGN OUT:** A Child Cannot Leave With Just Anyone! Make sure the person picking up your child is listed on the application form. In the event you cannot pick up your child - you must tell the Camp Director that another person will be picking up your child. You must sign your child out of camp at 4:30 pm. Your child will only be released to the names on the registration form. This is for the safety of your child. PLEASE ADHERE TO OUR CAMP RULES.
- ⇒ **SIGN UP:** You cannot reserve a week and pay later, nor can you give away a week so someone else. All paperwork must be complete at time of registration.  
**SIGNING UP BY THE WEEK:** You need to fill out another Camp Registration form and inform the Clerk you have signed up previously. You do not need another health form.  
**CAMP SIZE:** Is limited to 60 children per week and is on a first come first serve basis. We do not take reservations - signing up early is recommended
- ⇒ **IF YOUR CHILD DOES NOT COMPLETE ANY PART OF A WEEK, THERE ARE NO REFUNDS. IF YOUR CHILD HAS HAD DISCIPLINARY ACTION TAKEN AGAINST HIM AND CANNOT RETURN TO CAMP-THERE ARE NO REFUNDS**
- ⇒ **HEALTH FORM:** This is required by the County Health Dept. You are required to fill out a new form every year - (there is no copying from last year) The health form must be completed before registration. Please make sure you have records of all shots, immunizations.  
**HEALTH INFORMATION:** If your child has medical needs, please make sure all instructions are written out completely. It is very important our Camp Director and Counselors are aware of any health problem.
- ⇒ **WHAT TO BRING:** Campers are responsible for bringing their own lunch and snacks. sweat-shirt for cool days, and sun screen. Sneakers with laces are strongly recommended – no sandals. We discourage Campers from wearing jewelry. We are not responsible for any lost personal items. Please label your child's clothing and back packs.

IMPORTANT PHONE NUMBERS TO KEEP ON HAND

RINK PHONE -	686-4833
POOL -	686-4083
TOWN OFFICE -	686-4571

PRICE: ALL CAMPERS \$110.00 PER WEEK

CAMP RELEASE FORM

Name of child \_\_\_\_\_

**Print Childs Name**

Being the natural parent/legal guardian of the above mentioned camper, I do hereby consent to his/her participation in the Town of Hoosick Summer Camp, sponsored by the Town of Hoosick. I know of no medical reason prohibiting my child from participating in the camp. I am aware that any exercise program, even moderate supervised exercise, bears some risk to a participant's health.

I further agree that if he/she does suffer any injury, then the Town of Hoosick, The Town of Hoosick Day Camp, through its employees, independent contractors or agents, have my permission to sign whatever consent forms required for any necessary emergency medical treatment.

I understand that the camp hours are officially from 8:00 am to 4:30 PM, Monday - Friday. I bear the responsibility of transporting my child to and from camp and I understand that the camp is not responsible for my child outside of camp hours. Furthermore, the camp accepts absolutely no responsibility for making sure my child is picked up by an appropriate party.

I hereby release the Town of Hoosick and the Town of Hoosick Day Camp, its employees and independent contractors of any liability and/or negligence claims resulting from my child's participation in the Town of Hoosick Day Camp.

I have read and understand this "**Parents Information-Instruction Sheet**", which I will adhere to and keep for my reference.

\_\_\_\_\_  
Parent/Legal Guardian SIGNATURE

\_\_\_\_\_  
Parent/Legal Guardian PRINT NAME

\_\_\_\_\_  
Date



## You Can Prevent the Spread of Measles at Summer Camp

Measles is highly contagious and can spread easily at camp. When a person sick with measles coughs or sneezes, the virus gets into the air where it can stay for two hours. Anyone who is not immune can get measles if they are in that area. People who get measles can be very sick, and will not be able to stay at camp.

**Protect yourself, your family, and the community by following these 5 steps:**

### 1. Know if you and your family are immune.

You are considered immune if you:

- Were born before 1957,
- Have a written record of 1 or 2 doses of measles-containing vaccine (depending on age), or
- Have a laboratory test showing you are immune.

If you are not sure about immunity, talk to your health care provider before going to camp.

### 2. If you are not immune, get vaccinated.

Two doses of the MMR (measles, mumps, rubella) vaccine will provide the best protection from the measles. Make sure everyone in the family is properly vaccinated or immune before going to camp.

### 3. Know the signs and symptoms of measles.

Symptoms appear about 7 to 14 days after exposure but may take as long as 21 days, starting with a high fever, cough, runny nose and red/watery eyes. A rash usually starts 2 to 4 days after the fever begins, spreading from the face and neck to the body, arms, and legs. Any child who feels sick at camp should tell a health or camp director for immediate medical care and to protect other campers.

### 4. Stay home if you are sick.

Since measles spreads quickly and is contagious even before the rash starts, stay home at the first sign of fever or cough. Do not come to camp. It is important to prevent measles from spreading to other people.

### 5. Call ahead before seeking medical care.

If you think someone has measles, call before seeking medical care so the office, clinic or emergency room can take steps to prevent other people from being exposed to measles.



*Call your health provider or your local health department if you need a vaccine or want to learn more about preventing measles. More information is also available at:*

[health.ny.gov/measles](http://health.ny.gov/measles)



Department  
of Health



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

April 18, 2019

Dear Children's Camp Operator:

The New York State Department of Health (NYSDOH) would like to alert you to the continuing measles outbreak in New York State (NYS) and how it affects your camps. New York State is experiencing the largest outbreak in more than two decades. Since October 2018, over 500 individuals have been infected in multiple areas of NYS, including New York City, Rockland, Orange and Sullivan Counties. Measles was introduced by several individuals who were exposed while traveling abroad. There are several large outbreaks going on in different countries around the world. Imported cases among international travelers can rapidly spread measles in communities with high numbers of unvaccinated individuals.

Ongoing transmission continues in the current outbreak areas and it may spread throughout communities this summer affecting your campers and staff. Measles is a highly infectious disease that can be spread rapidly, especially in a camp setting where groups of children congregate. It is important to monitor for measles cases, and promptly identify and report any suspect measles cases among campers and staff to your local health department, in order to rapidly contain an outbreak. Delays in reporting can allow measles to spread, disrupt the camp season, and result in further transmission to additional communities once campers and staff return home. An outbreak at your camp could result in campers who are unimmunized being sent home, or even in your camp having to be closed early for the season. This letter is to provide you with guidance on the recommended vaccines for both campers and staff, how to monitor campers and staff for signs and symptoms of measles, recognize and report measles to the local health department, and includes steps you can take to help minimize disruptions at camp if a case of measles is identified.

### **PREVENTING MEASLES**

The best protection against measles is broad vaccination coverage. Therefore, vaccination of all individuals who will be working in or attending summer camps is **strongly recommended**.

Individual camps may also choose to recommend or require specific immunizations of their campers and staff. **NYSDOH recommends two doses of measles vaccine for all campers and camp staff born on or after January 1, 1957.** Experience with outbreaks has shown two doses of measles vaccine is more effective at preventing infection and spread of disease than one dose. Two doses of the measles vaccine are about 97% effective at protecting against measles. Most U.S. residents receive two doses of measles vaccine in the form of the combined measles, mumps, and rubella vaccine (MMR) with the first dose at age 12-15 months, and a second dose upon school entrance at ages 4-6 years. However, international camp employees and some campers may have received only one dose, or no doses, of the measles vaccine.

To ensure maximum protection against measles, the NYSDOH recommends two doses of MMR vaccine as soon as possible for all campers and camp staff who:

- Were born on or after January 1, 1957;
- Have had fewer than two doses of MMR; and
- Have no history of measles.

## **ADDITIONAL IMMUNIZATION RECOMMENDATIONS FOR CAMPERS**

There has been an increase in the number of cases of vaccine-preventable diseases (VPDs) in the United States over the past several years. **The best protection against vaccine-preventable diseases is broad vaccination coverage.**

- The part of the State Sanitary Code that applies to campers is Subpart 7-2, which requires that the camp maintain immunization records for all campers. It does not, however, specify which vaccines are required for camp attendance.
- Individual camp policy may choose to recommend or require specific immunizations of their campers. For the optimal health and safety of all campers and camp staff, the NYSDOH **strongly recommends** that all campers meet the age appropriate immunization schedule as set forth by the Advisory Committee on Immunization Practices (ACIP): <http://www.cdc.gov/vaccines/schedules/index.html>
- At a minimum, campers should meet the same immunization requirements as school-aged children as indicated in Public Health Law (PHL) Article 21, Title 6, Section 2164. Refer to New York State Immunization Requirements for School Entrance/Attendance, available at: <https://www.health.ny.gov/publications/2370.pdf>
- In New York State, PHL Article 21, Title 6, Section 2167 also requires the notification of campers and parents about recommendations for and the availability of meningococcal vaccine for all campers attending overnight camps for a period of 7 or more consecutive nights. Meningococcal ACWY (MenACWY) vaccine is recommended at age 11 or 12 years, with a booster dose at age 16 years. In New York State, meningococcal vaccination at the recommended ages is required for school attendance. Please note that the NYSDOH does not recommend that campers receive either dose of MenACWY vaccine before the recommended ages. **Students who are vaccinated before the recommended ages may need to have the doses repeated in order to attend school.**

## **ADDITIONAL IMMUNIZATION RECOMMENDATIONS FOR STAFF**

- Individual camp policy may choose to recommend or require specific immunizations of their staff. For the optimal health and safety of all camp staff, including international staff, the NYSDOH **strongly recommends** that all staff meet the age appropriate immunization schedule as set forth by the Advisory Committee on Immunization Practices (ACIP): <http://www.cdc.gov/vaccines/schedules/index.html>
- At a minimum, immunizations that are routinely recommended (if not already administered, a history of disease does not exist, or serology has not proven immunity) include:
  - 2 measles, mumps, and rubella (MMR) vaccine doses,
  - 1 tetanus, diphtheria, and acellular pertussis (Tdap) vaccine booster dose within the last 10 years, and
  - 2 varicella vaccine doses.
- Hepatitis B vaccine is recommended for staff with reasonably anticipated risk for exposure to blood or body fluids (e.g. health care workers, lifeguards).

## MAINTAINING VACCINATION RECORDS

Subpart 7-2 of the New York State Sanitary Code requires camps to maintain immunization records for all campers which includes dates for all immunizations against diphtheria, haemophilus influenza type b, hepatitis b, measles, mumps, rubella, poliomyelitis, tetanus and varicella (chickenpox). The record must be kept on file for every camper and updated annually. Camps should also maintain current, complete immunization records for all camp staff.

To facilitate a timely and appropriate public health response and minimize any disruptions at summer camp in the event a suspect measles case or other VPDs case is identified, camps should maintain a detailed list of staff, campers and other individuals who are not fully immunized and protected against VPDs, including against measles, as these individuals are at risk of getting sick if exposed. This list of susceptible individuals should clearly identify which disease(s) an individual is at risk of contracting. This immunization and health information should be readily available as camps will need this information to quickly identify at-risk individuals if a suspect case of a measles, or other vaccine-preventable disease, occurs during the summer camp season. Camps will be expected to review their plan and share developing lists of susceptible individuals with inspectors during pre-operational visits, and to show updated lists to health department staff who perform other visits during the season.

## MONITORING FOR MEASLES

To prevent measles from entering and spreading in camp, it is important to screen all campers and staff at time of camp entry for any signs of illness, and for recent measles exposure.

- Subpart 7-2 of the New York State Sanitary Code requires camp safety plans to include an initial health screening of all campers. Each camper should be screened for measles symptoms prior to camp entry by asking the parent or guardian if the camper has had any recent illness symptoms, including fever, cough or rash in the preceding four days. **If a camper has a positive screen NYSDOH recommends the camper not be permitted to enter a camp or a camp transportation vehicle without clearance from a healthcare provider.**
- It is **recommended to screen for measles exposure** by asking the parent or guardian if a camper has had any close family members or other contacts with measles or with fever and cough or rash symptoms in the preceding 21 days. NYSDOH recommends:
  - Unvaccinated campers, or those with only one dose of MMR, with a **known measles exposure** be excluded from camp and the local health department should be notified immediately.
  - Campers with two documented doses of MMR vaccine with a known exposure to measles do not need to be excluded from camp. They should be monitored closely while at camp for any developing signs or symptoms of measles, consistent with camp safety plan requirements for daily health surveillance of campers in Subpart 7-2 of the New York State Sanitary Code.
- Local health departments may also implement further exclusions of unvaccinated campers based upon local measles outbreaks. Please speak with your local health department with any questions regarding this.

## RECOGNIZING MEASLES

Symptoms usually appear about 7 to 14 days after a person is exposed to measles but can take as long as 21 days. The first symptoms are usually:

- High fever and;

- Cough
- Runny nose
- Red watery eyes
- Rash
  - Small red spots, some of which are slightly raised.
  - Spots and bumps in tight clusters give the skin a splotchy red appearance.
  - Usually appears 2 to 4 days after the fever begins and lasts 5 to 6 days.
  - Begins at the hairline, moves to the face and neck, down the body and then to the arms and legs.

If a camper or staff member develops any of these symptoms while at camp, it is critical that the camp health director or the camp director be notified right away. Steps should be taken to **immediately** isolate the individual away from other campers and staff, and airborne precautions should be implemented while the local health department and parent/guardian are being notified. These precautions should include placing the individual in a private room, such as a cabin or tent with a door that closes if possible, placing a mask on the individual and restricting susceptible individuals from entering the space. This is important to help protect other campers and staff from getting sick. Additionally, if an individual in whom measles is suspected requires transfer to a medical facility, it is imperative that the responding emergency medical services team be notified of the concern for measles so proper precautions can be taken to prevent further exposures.

### **REPORTING MEASLES AND OTHER VPDs**

Most VPDs are reportable by law. Measles is required by New York State Public Health Law to be reported to local health departments. The camp health director or other healthcare provider should discuss with staff the symptoms of measles, along with symptoms of other VPDs, prior to the camp season so they can assist in identifying anyone with signs of illness. The need to report the first sign of illness to the camp health director or camp director in accordance with established procedures for handling outbreaks in the approved camp safety plan, should be stressed with all staff.

If measles is suspected in even one camper or camp staff member, your local health department must be notified **immediately**. Delays in reporting have led to large outbreaks of vaccine-preventable diseases at camps in the past. Camp operators must also report the case of illness within 24 hours to the permit-issuing official in accordance with Subpart 7-2 of the New York State Sanitary Code.

### **ADDITIONAL INFORMATION**

An educational flyer titled, *You Can Prevent the Spread of Measles at Summer Camp*, is included with this letter. Please share the flyer with the parents or guardians of campers before campers arrive at camp this season.

For more information about measles or the measles vaccine, call the New York State Measles Hotline at 888-364-4837 or your local health department. More information about measles can be obtained at the NYSDOH measles website at <http://www.health.ny.gov/measles/>.

For NYS vaccine schedules and school entrance requirements:  
[https://www.health.ny.gov/prevention/immunization/childhood\\_and\\_adolescent.htm](https://www.health.ny.gov/prevention/immunization/childhood_and_adolescent.htm).

More information can also be obtained at the CDC website at: <http://www.cdc.gov/vaccines/>.

Communicable Disease Fact Sheets are available from the NYSDOH at:  
<http://www.health.ny.gov/diseases/communicable/>

Thank you for your partnership and efforts to keep camps free of measles and other vaccine-preventable diseases, and to provide a safe and healthy summer camp season for all campers and camp staff.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristen A. Navarette". The signature is fluid and cursive, with the first name "Kristen" being the most prominent.

Kristen A. Navarette, M.D., M.P.H., F.A.A.P.  
Medical Director  
Center for Environmental Health  
New York State Department of Health