



CAMP THORPE

680 CAPEN HILL ROAD
GOSHEN, VT 05733

Hi There!

Please complete the attached forms by June 1st for your camper to attend Camp Thorpe this summer and email it back to Kait at the email address below. Please also upload your camper's medications and email immunization records to Kait.

Payment will be required by June 1st. As a reminder, prices for this year have changed and can be found in the application and on our website. You can pay by card in UltraCamp or by check mailed to camp's address. Scholarships are available to apply for.

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Session 1: June 25-July 7 (\$1,400)

Session 2: July 9-21 (\$1,400)

Session 3: July 23-August 4 (\$1,400)

Session 4: August 6-12 (\$700)

If you need an invoice to receive funds, please reach out to Kait and she will send one out.

Sincerely,

Kait Fedor

Director of Operations

Camp Thorpe

EMAIL FORMS TO KAIT AT:
KFEDOR@CAMPTHORPE.ORG



CAMPER MEDICAL FORM
To be completed by Physician

Camper Name _____ D.O.B.: _____

Active Diagnoses: _____

Medications and Doses: _____

Date of last physical exam: _____

Allergies: _____

Are camper's immunizations up to date? Yes _____ No _____

Immunizations in last year: _____

Height: _____ Weight: _____ BP _____

Indicate concerns in these areas:

_____ head

_____ lungs

_____ eyes

_____ heart

_____ ears

_____ abdomen

_____ nose

_____ genitalia

_____ mouth

_____ extremities

_____ neck

_____ neurological

Mailing Address: 680 Capen Hill Rd, Goshen, VT 05733
802-247-6611 | www.campthorpe.org | execdirector@campthorpe.org

A summer camp for children and adults with special needs founded by Rev. Walter and Lavinia Thorpe

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680 Capen Hill Road
Goshen, VT
05733



Please return to
kfedor@campthorpe.org
www.campthorpe.org
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Does this person have physical, mental, or medical problems that would limit participation in a special needs summer camp program with a 1 counselor:3 camper ratio? yes no

If yes, please explain: _____

CERTIFICATION:

I certify that this person may participate in routine camping activities including:

- Swimming or wading in a chlorinated pool (Specify as needed: _____)
- Fishing with supervision
- Boating in row boats
- Walking on uneven or hilly terrain

*All activities are supervised/assisted based on individual abilities

Restrictions (please list) _____

Any additional information regarding camper needs: _____

Date: _____

Physician's Signature: _____

Printed Name of Physician _____

Physician's address and telephone: _____

Camper Medical Permissions

(Completed by Caregiver)

Please select Yes for the medications our nursing staff **HAS PERMISSION** to give your Camper:

Acetaminophen (Tylenol)	Yes	No
Antibiotic cream	Yes	No
Phenylephrine decongestant (Sudafed PE)	Yes	No
Aloe	Yes	No
Antihistamine/allergy medicine	Yes	No
Bismuth subsalicylate for diarrhea (Kaopectate; Pepto-Bismol)	Yes	No
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Yes	No
Calcium Carbonate (Tums//Rolaids)	Yes	No
Sore throat spray	Yes	No
Colace stool softener	Yes	No
Lice shampoo or cream (Nix or Elimite)	Yes	No
Daytime cold medicine (Dayquil)	Yes	No
Calamine lotion	Yes	No
Generic sunscreen	Yes	No
Laxatives for constipation (Ex-Lax)	Yes	No
Hydrocortisone 1% (Cortisone)	Yes	No
Ibuprofen (Advil; Motrin)	Yes	No
Lidocaine spray for minor burn relief	Yes	No
Pseudoephedrine decongestant (Sudafed)	Yes	No
Milk of Magnesia	Yes	No
Guaifenesin cough syrup (Robitussin)	Yes	No
Saline solution for nasal/eye washes	Yes	No
Dextromethorphan cough syrup (Robitussin DM)	Yes	No
Swim Ear	Yes	No
Generic cough drops	Yes	No
Visine	Yes	No

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine healthcare and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a 'need to know' basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers (including but not limited to case managers, support staff, and school professionals) may talk with the program's staff about my child's health and behavioral status.

Do we have your permission to contact the any additional resource you have listed to discuss any questions we may have relating to the camper's needs and abilities?

Yes

No

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Sign Here:



**Camp Thorpe
2023 Scholarship Application
CONFIDENTIAL**

Name of Camper Applicant: _____

Name of Parent/Guardian: _____

Address: _____ City/Zip: _____

Email Address: _____ Best Phone Contact: _____

Please check True or False to the following statement:

Our gross household income is low income as determined by the U.S. Department of Housing and Urban Development (HUD) guidelines for Vermont and we are in need of financial support in the form of a full or partial scholarship in order for the applicant to attend Camp.

- TRUE
- FALSE

Please check which level of scholarship you are applying for:

- Full
- 50%

Please describe the nature of your need and how Camp Thorpe can help:

Certification

I certify that the above information is true and complete as of the date of this application. I understand that all fees and proof of eligibility are required and due at the time of registration. I understand that any misstatement regarding my familial status and/or income is considered perjury and punishable under law.

Signature of Applicant

Date



Camp Thorpe Packing List

****Note: Please label ALL items with camper's First and Last name!***

Bedding: (For a Twin Mattress)

Sleeping Bag and/or Blankets

Waterproof mattress cover if needed

Pillow

1 Special Pillow, Stuffed Animal, etc

Twin sheets and blankets are helpful; our stores are limited

Linens:

2 Bath Towels

1 Swimming/Beach Towel

2+ Washcloths

2+ Hand Towels

Toiletries:

Shower Bucket or carry kit

Soap and/or Body Wash

Shampoo/Conditioner

Toothbrush/Toothpaste

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Hairbrush, comb, hair ties/bands

Deodorant (no perfume or highly perfumed lotions, please)

Shaving equipment (no straight razors)

Depends or other incontinence pads

Menstrual supplies

Sunscreen

Bug Repellant

Depends or other similar supplies

Clothing: (laundry is done after the first week. All clothing must be clearly labeled with camper's name.)

Underwear for 7 days (enough for personal requirements)

Pajamas for both warm and cold evenings

Long and short sleeve shirts for 7 days

4-5 pairs of shorts

4-5 pairs of jeans or long pants

1 sundress or nice slacks and shirt for evening dance

Clean socks for 7 days, with extra pairs for rain or cold weather

Sweatshirt(s) or Hoodies

Wind/Rain proof jacket

Warm Jacket for layering

2 bathing suits, one-piece for women

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Hat for sun (baseball, fishermans, sunhat, etc)

2 pair sneakers, one old for rain or mud

Waterproof shoes for rainy days

Flip Flops or sandals for pool area

1 pair shoes for evening dance- sneakers, flats, etc.

Extras:

Flashlight

Backpack, clearly labeled

Fishing Pole and tackle box, if desired

Book for quiet time (appropriate reading material)

Water Bottle (or you can purchase a Camp Thorpe one!)

Please leave home:

All electronics that connect to the internet/satellite (mp3 and music players, communication devices, and some other approved devices are okay)

Any inappropriate reading or visual material for any ages

Any clothing that represents hurtful, sarcastic, racist, sexist, sexual or other derogatory or defamatory content.

*Laundry is completed at the end of the first week and as needed for accidents. Please label all articles with your name. Camp Thorpe is not responsible for lost clothing/supplies.

**Medications are to be DOSE PACKED. More info can be found on our website!

Medication Changes

Camp Thorpe is making changes to our medication dispensation system in 2023. Due to the increasing amount and complexity of medication used by campers, all camps are working to find systems that ensure correct dosing and dispensation of medication in a summer camp environment. While no perfect solution has been invented, we have researched and spoken with other camps, pharmacies and doctors to find two good options for families this coming summer.

1) DOSE PACKING

Please note that you will be required to pack your medication by dose this camping season. We can no longer provide envelopes as it is against state regulation. This means that a pharmacy will need to pack your medications for camp well before the beginning of your session. Please note that these medications must be packaged by time of the day that they are administered. For instance, if your camper has morning and evening medications, there should be two separate packages for each camping day. If medications are not dose packed prior to registration we will not be able to take your camper for the session.

You should begin by asking your pharmacy if they can put your medications into multidose packaging. Many pharmacies will do this for their clientele. If they do not, the pharmacist will often know what the easiest route forward to obtain dose packaging.

- 1) Beauchamp and O'Rourke (Rutland, Vermont)
- 2) Rutland Pharmacy
- 3) Middlebury
- 4) Burlington
- 5) Barre

- 6) Many online options:
- 7) <https://freedompharmacyvt.com>
- 8) <https://www.pillpack.com>
- 9) <https://www.cvs.com/content/multidose>
- 10) Community Health Pharmacy, Colchester (if you see their doctors)
- 11) Kinney Drugs Meds on Time, Waterbury only
- 12) Freedom Pharmacy, Winooski
- 13) Barre Medicine Shop, Barre

2) Exceptions:

- Medications such as fiber supplements, refrigerated meds, topical meds/lotions, or liquids can be kept in their original containers and will be dispensed as directed.
- PRN medications (outside of the over-the-counter medications offered in our camp health center) can be brought in their prescription bottle for dispensation as directed.
- Camp Thorpe keeps and dispenses regular over-the-counter medications as listed on the Ultracamp OTC meds form. Campers do not have to provide these items.

Please note: We will no longer be sorting medication at registration. All medications should be pre-packaged using one of the methods listed above and ready to go prior to the camper's registration date.

Medication information for all campers needs to be updated on your camper's Ultracamp file to ensure correct timing and distribution of daily and PRN medication prior to registration day at camp. You can also email a list of medications, dosage, time of day and other information to us at kfedor@campthorpe.org for assistance.

If you have questions about medication dispensation systems and how to choose one, please contact us at:

Email: kfedor@campthorpe.org

Thank you for helping us keep our Camp Thorpe campers and staff healthy and safe!